

WAWD – Praecipe (Revised 6/2021)

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

CEDAR PARK ASSEMBLY OF GOD  
OF KIRKLAND, WASHINGTON,

Plaintiff(s),

v.

MYRON "MIKE" KREIDLER, et.  
al.,

Defendant(s).

CASE NO. 3:19-cv-05181-BHS

PRAECIPE

To the Clerk of the above-entitled court:  
You will please:

Please replace the attached Exhibits A-Q with the those filed with the Declaration of Paul M. Crisalli filed on January 6, 2023, Dkt. # 89-1. The original exhibits had cut off the side of the text because the originals were landscape justified. The attached are complete and do not cut off the sides.

1/25/2023

Dated

*s/ Paul M. Crisalli*

Sign or use an "s/" and your name

PAUL M. CRISALLI, WSBA #40681  
Assistant Attorney General  
Complex Litigation Division  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104-3188  
(206) 464-7744

Name, Address, and Phone number of Counsel or Pro Se

# Exhibit A

## **Deposition of 30(b)(6) Steven Orcutt**

**Cedar Park Assembly of God of Kirkland v Kreidler, et al.**

**November 21, 2022**



**206.287.9066 | 800.846.6989**

1325 Fourth Avenue, Suite 1840, Seattle, Washington 98101

[www.buellrealtime.com](http://www.buellrealtime.com)

email: [info@buellrealtime.com](mailto:info@buellrealtime.com)



IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT TACOMA

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CEDAR PARK ASSEMBLY OF GOD OF	)	
KIRKLAND, WASHINGTON,	)	
	)	
	)	
Plaintiff,	)	
	)	
v.	)	No. 3:19-cv-05181-BHS
	)	
MYRON "MIKE" KREIDLER, et al.,	)	
	)	
	)	
Defendants.	)	

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30(b)(6) DEPOSITION UPON ORAL EXAMINATION  
OF CEDAR PARK ASSEMBLY OF GOD OF KIRKLAND, WASHINGTON  
REPRESENTED BY STEVEN ORCUTT - VOLUME I

---

Taken at Kirkland, Washington  
(All participants appearing via videoconference.)

DATE TAKEN: November 21, 2022  
REPORTED BY: Nicole A. Bulldis, RPR  
AZ No. 50955 | CA No. 14441 | WA No. 3384



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A P P E A R A N C E S

FOR PLAINTIFF:

(via Zoom)

KEVIN H. THERIOT  
Alliance Defending Freedom  
15100 N. 90th Street  
Scottsdale, AZ 85260  
(480) 444-0020  
ktheriot@adflegal.org

FOR DEFENDANTS:

(via Zoom)

PAUL M. CRISALLI  
Office of the Attorney General  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104  
(206) 464-7744  
paul.crisalli@atg.wa.gov

ALSO PRESENT:

JASON SMITH, Cedar Park

--o0o--

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1 REPORTED REMOTELY FROM MARICOPA COUNTY, ARIZONA

2 Monday, November 21, 2022; 9:01 a.m.

3 --o0o--

4  
5 STEVEN ORCUTT, witness herein, having been  
6 first duly sworn on oath,  
7 was examined and testified  
8 as follows:

9  
10 E X A M I N A T I O N

11 BY MR. CRISALLI

12 Q. Hello. My name is Paul Crisalli. I'm an  
13 Assistant Attorney General for the State of Washington  
14 and I'm here to take your deposition.

15 Could you please state your name and spell the  
16 last for the record.

17 A. My name is Steven Glenn Orcutt, O-r-c-u-t-t.

18 Q. Have you ever had your deposition taken  
19 before?

20 A. Not to my knowledge.

21 Q. All right. Well, welcome to your first. So  
22 I'll lay out some ground rules. You've probably talked  
23 with your attorney about these, but just to let you know  
24 how I'm going to conduct this deposition.

25 There's going to be a court reporter who is

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1 going to be writing down everything that's said in this  
2 deposition, so it's important -- she's the most  
3 important person online right now, aside from you,  
4 because she's the person who is tasked with trying to  
5 make as accurate of a transcript of this deposition as  
6 possible. As a result -- you've done great thus far --  
7 it's important that we not step on each other when  
8 talking, and waiting 'til I'm done with my question for  
9 you to answer. And, likewise, I'll do everything that I  
10 can to wait 'til you are done with your answer before I  
11 ask the next question.

12 Does that work for you?

13 A. Yes.

14 Q. Next is because it's being transcribed, it's  
15 important that nonverbal or nonwords are not used. Use  
16 words in answering the question. This means avoiding  
17 like "uh-huh" or "huh-uh," and I use that example  
18 intentionally because you'll see in the transcript it's  
19 going to read the same even though the intonations would  
20 have different results if that were to be used.

21 Does that make sense?

22 A. Yes.

23 Q. And I like to take a break, oh, every hour or  
24 so depending on where we're at in the deposition. If  
25 you ever need a break, please don't hesitate to ask.

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1 We'll provide it. The only thing I ask is that you --  
2 if there's a question being asked, that you answer the  
3 question before taking the break.

4 Does that work for you?

5 A. Yes.

6 Q. Is there anything preventing you from  
7 testifying truthfully today?

8 A. No.

9 Q. And this is a unique circumstance where you're  
10 not testifying individually, but on behalf of an  
11 organization. Do you understand that?

12 A. Yes.

13 Q. And you understand that the purpose of my  
14 questions are largely going to be towards what Cedar  
15 Park Assembly of God's positions are and facts  
16 surrounding Cedar Park.

17 Throughout this deposition, I'm going to use  
18 the term "Cedar Park" to describe Cedar Park Assembly of  
19 God of Kirkland, Washington. Does that work for you?

20 A. Yes.

21 Q. Do you understand what that entity is?

22 A. Yes.

23 Q. Okay. And do you understand that your answers  
24 could -- in this deposition, could be binding upon Cedar  
25 Park for purposes of establishing fact?

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1 A. Yes.

2 Q. What did you do to prepare for the deposition  
3 today?

4 A. I prayed. I reviewed the information that we  
5 provided in the request for proposals, I believe, is  
6 what it was called.

7 Q. Would that be request for production?

8 A. Production, yes.

9 Q. Would those be the documents that Cedar Park  
10 produced in the course of this case?

11 A. Yes, specifically the ones I produced.

12 Q. All right. Did you review any pleadings like  
13 the complaint or supplemental complaint or the motions  
14 and the declarations that were filed in this case?

15 A. Yes.

16 Q. Did you talk to anyone in preparation for this  
17 case?

18 A. Yes.

19 Q. Who did you talk with?

20 A. I spoke with our insurance broker who provides  
21 us with our medical plans and my director of human  
22 resources who also works with me on renewing our medical  
23 plans.

24 Q. And who is the insurance broker you spoke  
25 with?

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1 A. Jami Hansen.

2 Q. Is Jami Hansen with AJG?

3 A. Gallagher benefits.

4 Q. Okay. It was unclear from the email addresses  
5 in reviewing the documents.

6 So do you use Galbreath [phonetic] as your  
7 broker for insurance?

8 A. Yes, Gallagher.

9 Q. Oh, thank you.

10 And what did you talk with Jami about?

11 A. The process of the renewal after State  
12 Bill 6219 was enacted.

13 Q. And who is the director of HR that you spoke  
14 with?

15 A. Melissa Knauss.

16 Q. And what did you speak with Melissa about?

17 A. The emails that we had and the process of our  
18 renewal for the 2019 year after House Bill 6219 was put  
19 into effect.

20 Q. You testified that you reviewed the documents  
21 that you helped put together for the responses to the  
22 requests for production. What general category of  
23 documents did you pull together for purposes of  
24 responding to the requests for production?

25 A. I don't recall which specific requests for



1 production.

2 Q. Were there particular categories of documents  
3 that you searched and looked for for purposes of  
4 responding to requests for production?

5 A. Could I see the specific questions for the  
6 requests for productions? Refresh my memory?

7 Q. Okay. We'll move along at this point. Maybe  
8 we'll get back to that.

9 Aside from talking with Melissa and Jami, did  
10 you talk to anyone else in preparation for this  
11 deposition?

12 A. I talked with Pastor Jay Smith.

13 Q. Okay. And what did you talk with Pastor Smith  
14 about?

15 MR. THERIOT: I'm going to object to this  
16 line of questioning to the extent that it calls for  
17 conversations that took place while counsel was  
18 pregnant -- present. Sorry about that. That was a  
19 little bit of a Freudian slip -- present. But you may  
20 testify as to conversations you had when I or -- or  
21 in-house counsel weren't present.

22 THE DEPONENT: My conversations with  
23 Pastor Jay were primarily about the process, the  
24 logistics, timing of when we would be deposed.

25 (Exhibit No. 1 marked.)

1 Q. (By Mr. Crisalli) Okay. I have in the chat  
2 Exhibit 1. Can you -- you should be able to access  
3 that. And so you'll know, and hopefully I won't have to  
4 repeat this for the deposition with the pastor, the way  
5 we have worked it is that we will put the exhibit into  
6 chat for all those present who would like it to download  
7 and view it on their own computer so that way we can  
8 have it right there. If you need a share screen to  
9 focus on particular language, please let me know.  
10 Hopefully, that will not be required just because of  
11 logistics, but we can make that work. And if you need  
12 me to repost it, let me know.

13 (Pause in the proceedings.)

14 MR. THERIOT: Okay. It's up now for him.

15 Q. (By Mr. Crisalli) Please take a moment to  
16 review if you like. Let me know when you're ready.

17 A. All right. I reviewed that.

18 Q. All right. And if you'll go to Page 5.

19 Before we do that, do you recognize this  
20 document?

21 A. Yes.

22 Q. And do you understand this to include the  
23 topics for today's deposition?

24 A. Yes.

25 Q. Okay. On Page 5, it lists the topics. My

1 understanding from discussions with counsel is you are  
2 designated to talk -- to testify regarding Topic No. 3;  
3 is that correct?

4 A. Yes.

5 Q. You are designated to testify regarding Topic  
6 No. 4; is that correct?

7 A. Yes.

8 Q. You are designated to discuss the Topic 5; is  
9 that correct?

10 A. Yes.

11 Q. You are designated to testify regarding  
12 Topic 6; is that correct?

13 A. Yes.

14 Q. And you are designated to testify regarding  
15 Topic 8; is that correct?

16 A. Yes.

17 Q. There are a couple topics that were left out.  
18 I'm just confirming, are there any other topics with  
19 which you are designated to testify today?

20 A. Not to my knowledge.

21 Q. What is your position at Cedar Park?

22 A. I'm the chief financial officer.

23 Q. And how long have you been the chief financial  
24 officer at Cedar Park?

25 A. Approximately, 14 and a half years.

1 Q. Did you have employment before becoming the  
2 chief financial officer at Cedar Park?

3 A. Yes.

4 Q. Where did you work?

5 A. Immediately prior to working at Cedar Park, I  
6 was a consultant for several small businesses.

7 Q. What kind of consulting did you do?

8 A. Financial and general management consulting.

9 Q. What are your job responsibilities as the  
10 chief financial officer for Cedar Park?

11 A. To oversee the financial operations of Cedar  
12 Park, prepare budgets, monitor revenues and expenses.  
13 In addition, I'm responsible for human resources and  
14 payroll.

15 Q. And could you briefly describe your education,  
16 like, college-level, maybe grad school, and the like?

17 A. I have a master's degree.

18 Q. And what's your master's in?

19 A. Hospital and healthcare administration.

20 Q. Did any of that focus on insurance coverage  
21 for healthcare?

22 A. To a certain degree, yes.

23 Q. In which respect?

24 A. When I got my degree, there was a difference  
25 between an MBA and a master's in hospital and healthcare

1 administration, most of the business courses were the  
2 same, but there were specific courses relating to topics  
3 specific to operating a hospital.

4 Q. And where did you obtain this degree from?

5 A. Saint Louis University.

6 Q. And when did you obtain that degree?

7 A. 1979.

8 Q. And I take it you have an undergraduate  
9 degree?

10 A. Yes.

11 Q. And where did you get that from?

12 A. Wheaton College.

13 Q. And what's the degree in?

14 A. Economics.

15 Q. And what year did you obtain that degree?

16 A. 1977.

17 Q. As part of either your master's or your  
18 bachelor degree, do you have any expertise in actuary  
19 analyses?

20 A. The topics were covered in classes, but I  
21 can't recall specifics.

22 Q. Have you personally used any of those classes  
23 in the last ten years as your job as CFO for Cedar Park?

24 A. Yes, I would say.

25 Q. In which respect?

1           A.    The business classes, how to analyze  
2   financials, how to read documents, how to set goals in  
3   the short-term and long-term based on my job  
4   responsibilities.

5           Q.    What is Cedar Park?

6                       MR. THERIOT:  Objection.  Vague.

7           Q.    (By Mr. Crisalli) Do you understand the  
8   question?

9           A.    Not really.

10          Q.    Okay.  What is Cedar Park Assembly of God of  
11   Kirkland, Washington?  What kind of entity is it?

12          A.    It's a church.

13          Q.    Does it conduct services?

14          A.    Yes.

15          Q.    Does it -- and by services, I mean church  
16   services where people attend.  Does that make sense?  
17   Does that change your answer?

18          A.    No, it does not change my answer.

19          Q.    Does it provide other functions?

20          A.    Yes.

21          Q.    What kinds of functions does Cedar Park  
22   provide?

23          A.    Cedar Park offers several ministry services.

24          Q.    Are they broken up in different ways?

25          A.    Yes.

1 Q. How -- how are they broken up?

2 A. There are primarily churches, outreach  
3 ministries, and schools.

4 Q. Does Cedar Park have any licensed businesses?

5 A. I believe so.

6 Q. What are those?

7 A. I believe we have licenses to operate our  
8 churches and schools or ministries in the various towns  
9 where we conduct business.

10 Q. What kind of businesses does Cedar Park have?

11 A. We operate churches and we operate Christian  
12 schools as well as several outreach ministries.

13 Q. And what do the outreach ministries do?

14 A. All the ministries support the mission of  
15 Cedar Park, to bring the good news of Jesus Christ to  
16 anyone we have contact with.

17 Q. And how do the outreach ministries serve that  
18 purpose? Do they provide services to individuals? Do  
19 they hire individuals? What -- how do they effectuate  
20 that?

21 A. They provide services, but not necessarily  
22 church services like we discussed before.

23 Q. Is the term there, services, more akin to,  
24 like, goods and services as compared to, like, a church  
25 service?

1 MR. THERIOT: Objection. Vague.

2 THE DEPONENT: I'm not quite sure. Can  
3 you restate that?

4 Q. (By Mr. Crisalli) I'll restate that.

5 When you say they provide services but not the  
6 traditional church services, what kind of services do  
7 they provide?

8 A. We have a chapel of the resurrection funeral  
9 home that provides funeral-related services. We have a  
10 missionary car ministry that provides cars to  
11 missionaries home on furlough, things like that.

12 Q. And it sounds like, from your answers, Cedar  
13 Park has several churches; is that right?

14 A. There are several branch churches, yes.

15 Q. How many?

16 A. I believe five.

17 Q. Do you -- aside from the funeral home,  
18 missionary car ministry, are there any other outreach  
19 ministries that Cedar Park provides?

20 A. Yes.

21 Q. And what are those?

22 A. We provide a Christian counseling network and  
23 a Christian club sports program.

24 Q. Does Cedar Park have a membership?

25 A. There are members of Cedar Park Church.



1 Q. And how many members are there at Cedar Park  
2 Church?

3 A. I'm not exactly sure. Probably, somewhere  
4 around 400.

5 Q. For these services -- nonchurch services that  
6 are being provided, does Cedar Park pay B&O taxes?

7 MR. THERIOT: Objection. Vague.

8 Q. (By Mr. Crisalli) Do you understand what B&O  
9 taxes are?

10 A. Yes.

11 Q. Does Cedar Park pay business -- B&O taxes in  
12 any way?

13 A. Yes, as required by law.

14 Q. And does Cedar Park pay sales taxes to the  
15 State?

16 A. Yes.

17 Q. What is the estimated yearly revenue of Cedar  
18 Park?

19 A. I should know this off the top of my head.  
20 I'm not 100 percent sure.

21 Q. Is it over a million dollars?

22 A. Yes.

23 Q. Is it over \$10 million?

24 A. Yes.

25 Q. Is it over \$20 million?

Page 19

1 A. Yes, it is.

2 Q. Is it over \$50 million?

3 A. No.

4 Q. Is it -- would you guess it's between, like,  
5 20 and 25 or 20 and 30? Is that -- would that be the  
6 rough estimate?

7 A. I think between 25 and 30.

8 Q. Okay. And since 2018, have -- has those  
9 revenues remained constant? Have they decreased or have  
10 they increased?

11 A. Since 2019.

12 Q. Just to make sure we're clear, 2018.

13 A. '18. Okay. They fluctuated, obviously, with  
14 COVID in the middle. And what -- what was your specific  
15 question?

16 Q. Whether the revenues increased, decreased, or  
17 remained roughly the same during that time.

18 A. My recollection is that for the first couple  
19 of years, they remained the same. Last year and this  
20 year, they've been higher than norm.

21 Q. What's the source of revenues for Cedar Park?

22 A. Primarily, revenues from the ministries for  
23 those that charge and tithes and offerings given to all  
24 of the ministries.

25 Q. How many employees does Cedar Park employ

1 presently? Let's start there.

2 A. Another question I should know, but I'm not  
3 positive. I would say probably 3- to 400.

4 Q. And since 2018 has that number increased,  
5 decreased, or remained fairly the same?

6 A. It was fairly static in '18 and '19, and has  
7 increased in the subsequent years.

8 Q. You mentioned timing during COVID. Did any of  
9 Cedar Park's businesses apply for and receive what's  
10 called a PPP loan?

11 MR. THERIOT: Objection. Vague.

12 THE DEPONENT: Can you clarify what  
13 exactly you're asking?

14 Q. (By Mr. Crisalli) Right. Are you familiar with  
15 the -- or heard about the PPP loans that were provided  
16 by the federal government during the Coronavirus  
17 pandemic?

18 A. Yes.

19 Q. Did any of Cedar Park's businesses apply for  
20 and receive a PPP loan?

21 A. Yes.

22 Q. Did Cedar Park pay back that loan?

23 A. No.

24 Q. Was the loan forgiven?

25 A. Yes.

Page 21

1 Q. Does Cedar Park offer insurance, just broadly  
2 insurance, as a benefit to its employees?

3 A. What -- what type of insurance are you  
4 referring to?

5 Q. Well, that's -- does Cedar Park offer multiple  
6 types of insurance as a benefit to its employees?

7 A. Yes.

8 Q. And what types of insurance are included as  
9 benefits to its employees?

10 A. Medical, dental, life insurance, and then some  
11 optional insurances that employees can purchase on their  
12 own.

13 Q. For the medical, dental, life insurance, the  
14 group of insurance that you talked about that's  
15 non-optional, do all the employees receive this benefit?

16 MR. THERIOT: Objection. Assumes facts  
17 not in evidence.

18 THE DEPONENT: Repeat your question.  
19 There was something you said that I didn't understand.

20 Q. (By Mr. Crisalli) Okay. Do all employees  
21 receive the benefits of medical insurance at Cedar Park?

22 A. No.

23 Q. How does Cedar Park determine who receives  
24 medical insurance benefits versus not?

25 A. We provide the option for medical insurance to

1 full-time employees.

2 Q. Are there full-time employees who do not  
3 accept that option at Cedar Park?

4 A. Yes.

5 Q. Can you estimate how many employees at Cedar  
6 Park receive medical insurance coverage as a benefit  
7 presently?

8 A. Approximately, 135.

9 Q. Okay. Has that number increased or decreased  
10 or remained the same since 2018?

11 A. I believe it's increased slightly.

12 Q. What is your role in terms of procuring health  
13 insurance for Cedar Park?

14 A. I'm responsible to obtain bids, structure,  
15 healthcare plan, and present options to Pastor Jay for  
16 approval.

17 Q. And how long have you had that responsibility?

18 A. I believe for 13 of the last years I've been  
19 here.

20 Q. And you testified your use of Gallagher as a  
21 broker; is that right?

22 A. Yes.

23 Q. And how long have you used Gallagher as a  
24 broker?

25 A. I believe Gallagher was used prior to my

1 assuming the responsibilities.

2 Q. And what do they do as compared to you for  
3 purposes of procuring health insurance for Cedar Park?

4 A. They obtain bids from different companies  
5 providing the type of healthcare I request.

6 Q. And are they on a yearly contract, or is it  
7 automatically renewed? How do you structure the  
8 business relationship with Gallagher?

9 A. It's a yearly contract.

10 Q. Okay. Please generally describe the process  
11 for how Cedar Park purchases or renews health insurance  
12 for its employees.

13 A. Throughout the year, we review our healthcare  
14 utilization with our broker. And prior to our renewal,  
15 usually four months prior, we begin discussions on any  
16 changes that have occurred in the healthcare market and  
17 our experience and what options the broker feels we have  
18 for renewing our medical plan.

19 Q. And just a question from earlier, did you  
20 assist in providing facts for the complaints in this  
21 matter?

22 A. I believe so, yes.

23 Q. And what's the kind of information you  
24 generally provided in the preparation of the complaints  
25 in this matter?

1           A.    As I recall, the specifics of the additional  
2 costs to Cedar Park to provide a plan that would allow  
3 us to uphold our convictions to exclude abortions and  
4 abortifacient medications.

5           Q.    And have you signed a declaration or complaint  
6 in this matter?

7           A.    I don't believe so.

8           Q.    I just wanted to double-check. In reviewing  
9 the case file, I didn't see it, but I just wanted to  
10 make sure I wasn't missing something.

11           Okay. Let me -- I've got some documents that  
12 I'd like to discuss. These first several I'm hoping we  
13 can -- they're somewhat voluminous. I'm hoping you'll  
14 recognize them. I don't really have many questions  
15 regarding them. I just want to confirm what they are.

16           A.    Okay.

17                               (Exhibit No. 2 marked.)

18           Q.    (By Mr. Crisalli) That said, you know, take as  
19 long as you need to -- we can start with Exhibit 2.

20           A.    I hope I don't have to read all 61 pages.

21           Q.    I hope not too.

22                       And if you want to briefly look through  
23 Exhibit 2 and just let me know whether you recognize  
24 this document. And I can represent that this was  
25 produced in discovery from Cedar Park.

Page 25

1           A.    Yes.  This looks like the document we get  
2  annually from Kaiser when we renew our medical plan with  
3  them.

4           Q.    And is -- my apologies.

5                   Is this for the year beginning in -- on  
6  September 1, 2019?

7           A.    Yes.

8                               (Exhibit No. 3 marked.)

9           Q.    (By Mr. Crisalli) And I apologize that these  
10 are out of order.  If you'll look at Exhibit 3.  They  
11 were produced out of order.  I don't know why, but I'm  
12 just going to keep them in that order for consistency.  
13 I suspect, you know, just how filing occurred or  
14 something.

15                   If you want to take a look at Exhibit 3.

16           A.    It looks like the same, somewhat shorter  
17 document for the 2021 year.

18                               (Exhibit No. 4 marked.)

19           Q.    (By Mr. Crisalli) Okay.  And then same for  
20 Exhibit 4.

21           A.    Okay.

22           Q.    I think Exhibit 4 -- let me just scroll down.  
23 I thought that it had 2020 in it as well.  That's why I  
24 had to --

25                   Yeah.  If you go to page -- on Exhibit 4,



1 Page 116 of the document.

2 A. Okay.

3 Q. Okay. Is it the same document, like Exhibit 2  
4 and 3? It's the plan with Kaiser Permanente for Cedar  
5 Park for the year beginning September 1, 2020, starting  
6 on Page 116 of Exhibit 4?

7 A. Yes, that's what it looks like to me.

8 Q. Okay. I just want to confirm Exhibits 2, 3,  
9 and 4, they appear to be Cedar Park's insurance plan  
10 through -- health insurance plan through Kaiser  
11 Permanente for the years 2019, 2020, 2021, all of which  
12 starting on September 1st of those years; is that right?

13 A. That's what it appears to be, yes.

14 Q. Is there a reason -- any reason to doubt that  
15 these aren't the insurance plans for Cedar Park during  
16 those years?

17 A. They were plans we provided during the  
18 requests for whatever it was?

19 Q. Yes. You can see the Bates numbers from Cedar  
20 Park to identify that.

21 A. No. I would say that -- they appear to be the  
22 correct documents.

23 Q. How long has Cedar Park used Kaiser Permanente  
24 as its health insurance carrier?

25 A. I'm not 100 percent sure. I would say

1 probably at least six years.

2 Q. Would that be six years total, or six years  
3 preceding 2019?

4 A. Kaiser bought Group Health Cooperative here in  
5 the State of Washington. We had been with Group Health  
6 prior to being with Kaiser.

7 Q. Okay. And how long were you with Group Health  
8 before they did that transition to Kaiser Permanente?

9 A. I'm not totally sure.

10 Q. Was it a significantly long time? Like, let's  
11 say -- I'll back up.

12 Would it be -- would you estimate ten years?

13 A. I would say less than that.

14 Q. Okay. As far as you are aware, before the  
15 plan that took effect on September 1, 2019, did the  
16 health plan for Cedar Park include coverage for abortion  
17 services?

18 A. I believe it did not.

19 Q. And before the plan taking effect  
20 September 1, 2019, did the Kaiser Permanente plans  
21 include coverage for all contraceptive services?

22 A. I believe it did.

23 Q. Okay. And as far as you're aware, you used --  
24 Cedar Park used Gallagher to purchase these plans; is  
25 that right?

1 A. Yes.

2 Q. In looking at the 2019, 2020, 2021 plan, do  
3 those plans include coverage for abortion services?

4 A. Those were big legal documents that were  
5 reviewed by attorneys, but it is my understanding that  
6 they do.

7 Q. And for the 2019, 2020, 2021 plans that we  
8 covered, do those plans also include coverage for all  
9 contraceptive services?

10 A. Yes, they do.

11 Q. And including within that -- you've used the  
12 term "abortifacient" already in this deposition. Would  
13 you please define that for your purposes?

14 A. My understanding is an abortifacient is a  
15 pill, device that prevents a fertilized embryo from  
16 developing into a child.

17 Q. And so we're on the same page, is it your  
18 understanding -- Cedar Park's understanding that for  
19 the 2019, 2020, and 2021 plan, that the plans also  
20 include coverage for those kinds of contraceptives  
21 within its plan?

22 A. I believe so.

23 Q. And I don't think you produced this because of  
24 the timing of when the document production occurred.  
25 Did Cedar Park renew its plan with Kaiser Permanente

1 for 2022 beginning September 1, 2022?

2 A. Yes, we did.

3 Q. And does -- do you know whether that plan  
4 includes coverage for abortion services?

5 A. I believe it does.

6 Q. And do you know whether that plan includes  
7 coverage for all contraceptive services including those  
8 for what you have defined as abortifacient?

9 A. I believe it does, yes.

10 Q. Do you know whether Cedar Park could exercise  
11 its -- a religious objection for contraceptives with  
12 Kaiser Permanente?

13 A. We were informed we could not.

14 Q. Well, is there an option with Kaiser  
15 Permanente in any of the times you renewed the plans  
16 since -- beginning 2019, where you can express a  
17 religious objection to all contraceptives with Kaiser  
18 Permanente?

19 A. We have expressed our objection, but those  
20 abortifacients and abortion services are included in our  
21 plan.

22 Q. I understand. I understand that. I want to  
23 focus on the question that I was asking there which is  
24 whether Cedar Park could, had the ability to, express an  
25 objection to Kaiser Permanente excluding all

1       contraceptives from its plan during 2019 through 2022.

2           A.     I'm still not understanding. Can you try to  
3       rephrase that?

4           Q.     Can -- does Cedar Park know whether it could  
5       tell Kaiser Permanente, voice an objection to receiving  
6       all contraceptives from Kaiser in its plan?

7           A.     I believe we have done that.

8           Q.     Do you know why Kaiser Permanente will not  
9       provide for specific contraceptives to be excluded from  
10      Cedar Park's healthcare plan?

11          A.     I believe they informed us that that would be  
12      too much -- too much paperwork or too complicated a  
13      process, so it was either all contraceptives or no  
14      contraceptives.

15          Q.     Okay. And would Cedar Park agree that  
16      that's --

17                   THE DEPONENT: My speaker's not working.

18                   MR. CRISALLI: Can you hear me?

19                   THE DEPONENT: It says my speaker's not  
20      working, please check my connection.

21                   MR. CRISALLI: We can -- we can hear you.

22                   MR. THERIOT: I'm not hearing anything.  
23      Jeff, can you hear us?

24                   MR. CRISALLI: I can hear you.

25                   MR. THERIOT: We can't hear you, Jeff.

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1 MR. CRISALLI: It's Paul, but that's --

2 MR. THERIOT: I'm not sure what's going  
3 on. Yeah, I can't hear him either.

4 It may be something with your connection,  
5 Paul.

6 MR. CRISALLI: Nicole, can you -- let's  
7 go off the record.

8 (Discussion off the record.)

9 (A break was taken from  
10 9:53 a.m. to 9:56 a.m.)

11 Q. (By Mr. Crisalli) Would Cedar Park agree that a  
12 business decision -- deciding not to offer a specific  
13 service because it involves too much paperwork and would  
14 be difficult is a business decision?

15 MR. THERIOT: Objection. Vague.

16 THE DEPONENT: Yeah. I'm not -- I'm not  
17 quite sure what you're asking of me.

18 Q. (By Mr. Crisalli) Was there any indication to  
19 Cedar Park that Kaiser's -- Kaiser Permanente's decision  
20 to not offer specific exclusions for contraceptives was  
21 based on religion?

22 A. I don't believe so.

23 Q. Okay. What are Cedar Park's goals when  
24 purchasing a health insurance policy?

25 A. We try to purchase the most comprehensive

1 policy possible in keeping with our deeply-held  
2 religious beliefs that provides our staff with  
3 affordable, high-quality healthcare.

4 Q. Do you have anyone who directly reports to  
5 you?

6 A. Yes.

7 Q. And how many people directly report to you?

8 A. Two.

9 Q. And who are they?

10 A. The director of human resources and the  
11 accounting manager.

12 Q. Does Cedar Park have an outside accounting or  
13 tax accounting firm at all?

14 A. I'm not sure what you mean.

15 Q. Does Cedar Park utilize an outside accounting  
16 firm for its business?

17 A. No. We -- we have an annual audit by an audit  
18 firm but not an accounting firm.

19 Q. Okay. And which auditing firm is that?

20 A. Battershell & Nichols.

21 Q. Okay. And could you please summarize what  
22 that auditing firm does for Cedar Park?

23 A. As part of our mortgage, we have, for many  
24 years, been required to have a full annual audit  
25 conducted by an outside CPA firm.

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1 Q. And does that annual audit examine all of the  
2 business operations or business entities of Cedar Park?

3 A. Yes.

4 Q. And do you receive reports from the auditing  
5 firm regarding those audits?

6 A. Yes, we receive an annual audited report.

7 Q. I think I cut out there.

8 A. You did.

9 MR. CRISALLI: Okay. Could the court  
10 reporter repeat the question and --

11 Q. (By Mr. Crisalli) Did you -- excuse me. I'll  
12 back up.

13 Did you provide a complete response to my  
14 question --

15 A. I think so.

16 Q. -- before I cut out?

17 A. I think so.

18 MR. CRISALLI: Okay. Could the court  
19 reporter please read back the answer?

20 (Record read back as requested.)

21 Q. (By Mr. Crisalli) And when you receive these  
22 reports, do you read them carefully?

23 A. Yes.

24 Q. And is it part of your job responsibilities to  
25 review them carefully?



1 A. I would say yes.

2 Q. And why does your job require you to review  
3 these reports carefully?

4 MR. THERIOT: I'm going to object to this  
5 line of questioning because it seems to be outside of  
6 the scope of the 30(b)(6) notice.

7 Q. (By Mr. Crisalli) You may continue.

8 A. Re -- I just am -- I'm not clear what exactly  
9 you're asking me. Can you --

10 Q. Why is it part of your job to -- why -- I'll  
11 restart.

12 Why does your job require you to review these  
13 reports carefully?

14 A. My job is to oversee the finances of Cedar  
15 Park. The audit is an outside entity that examines how  
16 we conduct our business and insures that we are doing  
17 everything in accordance with generally accepted  
18 accounting principles.

19 Q. Would you say you have an expertise in  
20 sophisticated financial management?

21 MR. THERIOT: Objection. Vague.

22 THE DEPONENT: Yeah. I'm not sure what  
23 you mean by "sophisticated."

24 Q. (By Mr. Crisalli) Would you classify Cedar  
25 Park's business as a sophisticated business relative for

1 a church in particular?

2 A. It certainly is more -- has more facets than a  
3 normal church would -- would have.

4 Q. And you testified that it has revenues of  
5 between \$25- and \$30 million. Would you consider that  
6 to be a substantial revenue for a church?

7 A. Because Cedar Park's ministries encompass so  
8 many different ministries, primarily, the school,  
9 it's -- it's a large number, but I -- I don't think  
10 it's -- what was the term you used in the question?

11 Q. Substantial revenues relative to a church.

12 A. I can't speak to what would be substantial  
13 revenue compared to any church but Cedar Park.

14 Q. All right. I'm going to move topics now to  
15 the 2019 renewal process. When did Cedar Park start the  
16 process to renew its health plan that would begin  
17 September 1, 2019?

18 A. As I believe I stated, we generally start four  
19 months prior with a pre-renewal meeting.

20 Q. For the -- is it okay if I refer to this as  
21 the 2019 renewal when we're both talking about the  
22 renewal that ultimately took effect September 1, 2019?

23 A. Yes.

24 Q. For that renewal, did Cedar Park consider  
25 changing from Kaiser Permanente at any point?

1 A. Yes.

2 Q. Why?

3 A. Kaiser informed us that they would no longer  
4 be able to provide the abortion exemption that they had  
5 previously provided because of the Washington 6219 law.

6 Q. And how did you look at other plans aside from  
7 Kaiser? Who brought those plans in for your review?

8 A. Our broker.

9 Q. Did you independently research for any plans  
10 for 2019 other than Kaiser Permanente?

11 A. Not personally, no.

12 Q. Did you give your broker any instructions when  
13 searching for plans for that 2019 renewal other -- that  
14 were other than Kaiser Permanente?

15 A. I believe so.

16 Q. What were those instructions?

17 A. We wanted to explore any option that would  
18 allow us to provide a quality healthcare plan to our  
19 employees that would exclude abortions.

20 Q. And what was your understanding of the steps  
21 that your broker took to effect that?

22 A. I believe that in 2019, we approached several  
23 plans other than the normal plans that we had examined  
24 in prior years.

25 Q. And do you know how many plans you approached

1 during that 2019 renewal process other than Kaiser  
2 Permanente?

3 A. I believe there were at least seven others.

4 Q. And do you recall their names?

5 A. It should be in the information we provided.  
6 Do you want me to --

7 Q. So is that a no? You don't recall right now,  
8 but you could refer me to the -- your responses to  
9 discovery?

10 A. Yeah. There's a couple.

11 Q. Okay. Was Cigna one of them?

12 A. Yes.

13 Q. Was Premera one of them?

14 A. Yes.

15 Q. And was it -- just to make sure I'm clear,  
16 your broker was the one who searched for these plans;  
17 right?

18 A. Yes, that's true.

19 Q. And then the broker would present the plans to  
20 you as options; is that right?

21 A. Yes.

22 Q. When were they -- when was your broker first  
23 asked to look for these kinds of plans?

24 A. During -- we're just talking about the 2019?

25 Q. 2019, yeah.

1           A.    I'm not exactly sure. I'm assuming during the  
2 pre-renewal.

3           Q.    Okay. Did your broker present any plans that  
4 provided services consistent with Cedar Park's religious  
5 beliefs for the 2019 renewal?

6           A.    Yes.

7           Q.    Do you recall which plans those were?

8           A.    I believe our broker said that the -- the  
9 primary way to exclude abortions based on our  
10 deeply-held religious beliefs would be to do a  
11 self-insured plan.

12          Q.    So did you also examine whether Kaiser  
13 Permanente would provide a self-insured plan?

14          A.    Yes, we did.

15          Q.    Was that the only self-insured plan that you  
16 looked at during the 2019 renewal?

17          A.    I'm not certain.

18                               (Exhibit No. 5 marked.)

19          Q.    (By Mr. Crisalli) All right. We're going to go  
20 through a few emails. I'm hoping this will be, again, a  
21 shorter process than others, but we shall see.

22                       THE DEPONENT: So I do click on this to  
23 see the file?

24                       MR. THERIOT: On the chat, do you see the  
25 chat? It's the one with the red dot on it. It says

1 chat.

2 THE DEPONENT: Not the one that says  
3 leave.

4 MR. THERIOT: Right.

5 THE DEPONENT: So Exhibit 5.

6 Q. (By Mr. Crisalli) Please take a moment to  
7 review this.

8 (Pause in the proceedings.)

9 Q. (By Mr. Crisalli) Now, one thing about these  
10 emails is my read of them is that they are in  
11 chronological order, not reverse chronological order.  
12 So as you go through, it actually gets later in the  
13 thread unless there was an email attached that it's  
14 referring to.

15 A. Okay. That looks right.

16 Q. Okay. Now, first some background. The first  
17 page, this appears to be an email from Jami Hansen to  
18 you with a cc to Melissa Knauss and Melinda Hansen; is  
19 that right?

20 A. Yes, that's what it appears.

21 Q. And this is Jami who's been your broker  
22 through Gallagher for Cedar Park's health insurance  
23 plans; right?

24 A. Correct, yes.

25 Q. And the -- Melissa Knauss is the director of

1 HR for Cedar Park; correct?

2 A. Yes.

3 Q. And as you read through these emails, these  
4 are emails between, it appears, Wednesday, June 12th at  
5 8:41, through Wednesday, June 12th, at 4:46 discussing  
6 the possibility of using Cigna; is that correct?

7 A. Okay. Sorry. I -- I wanted to read those  
8 through. Can you restate your question?

9 MR. CRISALLI: Could the court reporter  
10 please repeat the question?

11 (Record read back as requested.)

12 THE DEPONENT: That's what it appears.

13 (Exhibit No. 6 marked.)

14 Q. (By Mr. Crisalli) Okay. Adding the next  
15 exhibit.

16 If you want to take a quick minute to  
17 familiarize yourself with this document.

18 A. When it opens.

19 Okay. And what's your question?

20 Q. No question yet.

21 A. Okay.

22 Q. First, it appears that you received this email  
23 on Monday, June 17, at 12:37 p.m.; is that right?

24 A. That's what the email says, yes.

25 Q. And it appears to be in response to an email

1 from you dated June 16, 2019, about the coverage for  
2 Kaiser; is that right?

3 A. I don't see June 16th anywhere.

4 Q. If you go under -- still on the first page.

5 A. Oh.

6 Q. Right under Jami's signature line.

7 A. Yup. I would agree with that, yes.

8 Q. Okay. It appears from this document that  
9 Cedar Park was still considering and trying to -- strike  
10 that.

11 At this time, June 17, Cedar Park was still  
12 considering whether to use Kaiser Permanente as an  
13 option for its insurance plan; is that right?

14 A. I would say yes.

15 Q. And this is around the same time as there was  
16 the previous email just a couple days after from --  
17 regarding Cigna. So -- correct?

18 A. Okay. That looks correct, yes.

19 (Exhibit No. 7 marked.)

20 Q. (By Mr. Crisalli) Exhibit 7. Please let me  
21 know when you're ready.

22 A. Okay. Now, what's your question?

23 Q. My question is: Is this an email string -- it  
24 appears, just judging from the bottom, to start on  
25 June 21, 2019, through June 25, 2019, regarding



1 different options for express -- for Cedar Park to  
2 express its religious objections in purchasing a health  
3 plan?

4 A. And what are the dates you're saying again?

5 Q. What I see are June 21, which is down --  
6 second-to-last email at the bottom part of the string,  
7 and then at the top, it appears to be, or I guess bottom  
8 now, it appears to be June 25, 2019.

9 A. That's what it appears to be.

10 Q. Okay. Looking at Page 1 and 2, does Cedar  
11 Park understand the text beginning with, "Here is  
12 Cigna's legal response for both ASO and fully-insured  
13 business. Let me know if you have any questions,"  
14 through to Jami Hansen's signature line in the middle of  
15 the second page.

16 If you'd look at that, please. We'll start  
17 there.

18 A. Okay. Sorry to always be asking this, but  
19 what exactly was your question again?

20 Q. The starting point was to review that part.

21 The question is: Does Cedar Park understand  
22 that part to be Jami Hansen communicating an option from  
23 Cigna in which Cedar Park could express its religious  
24 objections to abortions and certain contraceptives in  
25 purchasing its plan?

1           A.    I understand that we could express our  
2           objections.

3           Q.    And could you do so by purchasing the Cigna  
4           plans that are described in this email?

5           A.    It is my understanding from my discussions  
6           with Jami that even if we -- if we expressed our desire  
7           to not cover abortions or specific contraceptives, they  
8           would be included in our plan.

9           Q.    Where does that -- where -- where does this  
10          email state that?

11          A.    Well, it says: "For an insured plan situated  
12          in Washington, policies must cover maternity care and  
13          this includes coverage for abortions."

14          Q.    Okay. What about the third paragraph of that,  
15          same section? Does that provide that an employer with a  
16          religious or moral tenet opposed to a specific service  
17          is not required to purchase coverage for that service if  
18          they object for reason of religion or conscience? Did I  
19          read that correctly?

20          A.    Yes.

21          Q.    There's the next sentence: "In other words,  
22          an employer may exclude coverage for contraceptives and  
23          abortion if that employer objects to providing that  
24          coverage due to religious or other beliefs."

25                  Did I read that section correctly?

1 A. Yes.

2 Q. As I read that section, it covers both  
3 contraceptives and abortion and provides that Cedar Park  
4 as an employer with a religious objection may be -- may  
5 exclude coverage for those types of services; is that  
6 correct?

7 A. To me, it seems contradictory. That paragraph  
8 says -- or that sentence you read says, "We may exclude  
9 coverage," and yet above it, it says, "Our policies must  
10 cover maternity care including abortions."

11 Q. But an employer may exclude coverage for  
12 contraceptives and abortion. That is expressly within  
13 this paragraph; is it not?

14 A. It says we are not required to purchase  
15 coverage which seems different to me than what you  
16 stated.

17 Q. I read: "In other words, an employer may  
18 exclude coverage for contraceptives and abortions."

19 Did I read that correctly?

20 A. Yes.

21 Q. And this is an email dated June 25, 2019, when  
22 you received it; is that right?

23 A. Yes.

24 (Exhibit No. 8 marked.)

25 Q. (By Mr. Crisalli) Adding Exhibit No. 8.

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1 And please let me know when you're ready.

2 A. Okay. I've reviewed it.

3 Q. Okay. Is this a series of emails beginning  
4 July 8, 2019, at 3:48 p.m., and it appears the last one  
5 is July 18, 2019, at 2:22 p.m.?

6 A. That's what it appears to me, yes.

7 Q. Okay. Turning to the first page, this appears  
8 to be an email from Ms. Knauss; is that right?

9 A. That's what it appears to be, yes.

10 Q. Did you assist in drafting this or review it  
11 at all?

12 A. I don't recall.

13 Q. And the reason why I ask, it appears to  
14 mention your -- what I think is probably your name,  
15 "Steve and I are trying to read between the carriers'  
16 mumbo-jumbo, legalese, and just get really clear  
17 unequivocal answers," in the body of that first email.

18 Did I read that correctly?

19 A. Yes.

20 Q. You're probably the Steve that she's  
21 referencing in this; right?

22 A. Yes.

23 Q. Okay. And this appears to ask for  
24 clarification from both Kaiser and Cigna about how to  
25 cover or exclude abortion services and certain

1     contraceptive services from a health plan; right?

2             A.     Yes, I would say.

3             Q.     And then it looks like a response was provided  
4     by Jami Hansen on July 8, 2019, at 4:16 p.m.; is that  
5     right? I think that's the next email.

6             A.     Yes.

7             Q.     And he appears -- is Jami a he? She? They?

8             A.     She.

9             Q.     She -- my apologies -- at least virtually  
10    appeared to forward an email from Cigna answering the  
11    questions; right?

12            A.     Yeah. I'm not familiar with Mark Croff, but  
13    it says he's from Cigna. That seems correct.

14            Q.     Yeah. And then the next email appears to be  
15    from July 8, 2019, at 4:29 p.m., from Melissa describing  
16    her understanding of Cigna's plan and exclusions; is  
17    that right?

18            A.     Yes, that's what that email states.

19            Q.     And then the next email, which is just a few  
20    minutes later from Jami says "correct," likely in  
21    reference to Melissa's last email.

22            A.     That seems logical.

23            Q.     Okay. And then down at the bottom, page -- I  
24    think it's Page 3 of 4 -- 3 and 4, that appears to be in  
25    red, the responses from Kaiser Permanente with respect

1 to your questions; right?

2 A. Yes.

3 (Exhibit No. 9 marked.)

4 Q. (By Mr. Crisalli) Okay. Next, Exhibit No. 9.

5 A. I've read a lot of emails. I've read that.

6 Q. Okay. And is this an email string between  
7 Monday, July 15, at 5:44 p.m., through Tuesday, July 16,  
8 at 10:59 a.m.?

9 A. That's what it appears to be, yes.

10 Q. And is the discussion on this basically  
11 whether Cedar Park would -- was evaluating options  
12 between Cigna and Kaiser Permanente for its health  
13 insurance plan?

14 A. That's what it appears, yes.

15 Q. And these emails discuss the various options  
16 with respect to coverage for abortifacient services or  
17 abortion services?

18 A. Yes.

19 Q. Okay. Go to the bottom, the one with -- in  
20 red. It has a red line. I think it's Page 3, Bates  
21 stamped Cedar Park 000223.

22 A. Okay.

23 Q. I'll try and use those Bates Stamps more often  
24 just for both of our ease.

25 A. Okay. Thank you.

1 Q. The first response in red talks about: "If we  
2 changed to Cigna, we would need decisions by this  
3 Friday, July 19th"; is that correct?

4 A. That's what it appears Jami's saying, yes.

5 Q. So did that deadline change at all?

6 And then: "If we stay with Kaiser, we could  
7 go out to July 26th"; is that correct?

8 A. That's what it says.

9 Q. Was it actually later?

10 A. I don't recall.

11 (Exhibit No. 10 marked.)

12 Q. (By Mr. Crisalli) Next -- here's the next,  
13 Exhibit No. 10.

14 Since it's just one page, I'll start with a  
15 question. It's a string of emails between Tuesday,  
16 July 16, at 3:02 p.m., to Wednesday, July 17, 2019, at  
17 4:26 p.m. Does that appear to be correct?

18 A. Yes.

19 Q. And it appears to discuss what options Cedar  
20 Park would have if it chose Cigna with respect to  
21 coverage for its employees.

22 A. That's not really correct.

23 Q. Okay. How is that incorrect?

24 A. The first email at 3:02, this only is  
25 attempting to determine the impact on PPO employees

1 comparing Cigna's network to Kaiser's.

2 Q. Okay. And did Kaiser have both an HMO and a  
3 PPO?

4 A. Yes.

5 Q. Do you understand what those terms mean, HMO  
6 and PPO?

7 A. Actually, I do.

8 Q. What is an HMO?

9 A. An HMO is a health maintenance organization  
10 where care is provided generally through a primary care  
11 physician.

12 Q. And what is a PPO?

13 A. Again, I'm not a total expert in this, but  
14 it's a preferred provider organization with the most  
15 significant difference between that and an HMO being  
16 that an employee on a PPO plan can choose their own  
17 providers.

18 Q. And do you know whether the employees at Cedar  
19 Park have a preference of being in an HMO versus PPO?

20 A. I can make an assumption based on the number  
21 of employees enrolled at that time. 40 percent were  
22 enrolled in an HMO and 60 percent were enrolled in a  
23 PPO.

24 MR. CRISALLI: We've been going for a  
25 little while. I know we had a break because of Zoom.



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1 Do you want to keep going or do you want to take a  
2 break?

3 MR. THERIOT: I guess, that's a -- I was  
4 just going to ask the question: Do you want to take one  
5 break before lunch and then come back?

6 MR. CRISALLI: That's fine by me. I can  
7 go forever, but I know other people can't.

8 MR. THERIOT: Yeah. Do you want to take  
9 about ten minutes?

10 THE DEPONENT: Yeah, I think that'd be  
11 great.

12 MR. CRISALLI: Off the record. We'll do  
13 a ten-minute break, back at 10:55.

14 (A break was taken from  
15 10:44 a.m. to 10:55 a.m.)

16 (Exhibit No. 11 marked.)

17 Q. (By Mr. Crisalli) And do you still understand  
18 that you are under oath for purposes of this deposition?

19 A. Yes.

20 Q. Okay. I put in the chat Exhibit No. 11.  
21 Please take a moment to review. Let me know when you're  
22 ready.

23 A. All right.

24 Okay.

25 Q. Is this an email string between July 18, at

1 11:38 p.m., through July 22nd, 8:06 a.m. of 2019?

2 A. Yeah, that's the string.

3 Q. And this string appears to be discussing  
4 different kinds of services offered by Cigna's plan; is  
5 that correct?

6 A. Yes.

7 Q. Including in the email dated July 22, 2019;  
8 right?

9 A. What's your question?

10 Q. Oh, that -- that email on July 22, 2019,  
11 includes discussion about preventative prescription  
12 coverage in -- with Cigna.

13 A. Yes.

14 Q. Okay. I think, and I'll get to this later,  
15 but on the first page, there appears to be a PDF  
16 attached; is that right?

17 A. Yeah, that's what it looks like.

18 Q. Okay. I'll cover this in a subsequent  
19 exhibit. I just wanted to make sure that there was an  
20 attachment.

21 Second is -- so you received a proposal for  
22 Cigna on July 18, 2019, for purchasing a health plan.

23 A. Well, I can't see the proposal, but that  
24 appears to be what it would look like.

25 Q. And even notwithstanding this email, did Cedar

1 Park receive a proposal for a health plan for 2019 from  
2 Cigna?

3 A. In the summary from the broker listing the  
4 plans that we were considering, there were Kaiser plans  
5 and Cigna plans.

6 (Exhibit No. 12 marked.)

7 Q. (By Mr. Crisalli) All right. I'm putting in  
8 Exhibit 12. And my only hope -- this is a lengthier  
9 group of emails, it appears to be one string from what  
10 I've been able to assess from when I reviewed it.

11 Is that just -- this is a string regarding the  
12 choice of Cedar Park to renew with Kaiser Permanente for  
13 the 2019 health plan.

14 A. And so the earliest one's at the beginning,  
15 the latest one's at the end?

16 Q. Yeah, I think so.

17 A. Okay.

18 Q. Which is at least August 8th, but there  
19 might -- that might be in a response to something.

20 It looks like there might be emails even into  
21 August 13th. Really, I'm just hoping that this verifies  
22 the communications that were going on at the time for  
23 purposes of selecting Kaiser Permanente and not  
24 selecting Cigna.

25 A. Okay. This just goes forever. Sorry, I'm

1 reading as fast as I can.

2 Q. (By Mr. Crisalli) No worries. I think this is  
3 the longest one.

4 A. Praise God.

5 (Pause in the proceedings.)

6 Q. (By Mr. Crisalli) What page are you on in your  
7 review, because I may be able to shorten this up?

8 A. 31.

9 Q. Okay. Let's go to the first -- oh, sorry.  
10 That was the next exhibit. Please continue on. Sorry,  
11 I was trying.

12 A. Yeah. A little more than half.

13 (Pause in the proceedings.)

14 THE DEPONENT: Okay. Well, I at least  
15 got to the bottom.

16 Q. (By Mr. Crisalli) Okay. And this series of  
17 emails discusses Cedar Park's choice to pick Kaiser  
18 Permanente over -- to pick -- renew its plan with Kaiser  
19 Permanente; correct?

20 A. There's emails in there talking about us  
21 picking Kaiser. I think that email's repeated a few  
22 times. Then, there's other ones about questions that  
23 would indicate we were looking at switching to another  
24 plan.

25 Q. Okay. All right. We're done with that one.

1 A. Praise God.

2 (Exhibit No. 13 marked.)

3 Q. (By Mr. Crisalli) Yes.

4 Exhibit 13, fortunately, much shorter. And  
5 let me just take a quick look. If you want to just give  
6 me a minute, please.

7 (Pause in the proceedings.)

8 Q. (By Mr. Crisalli) Okay. These appear to be  
9 emails discussing -- let me pull that up, sorry -- Cedar  
10 Park's selection to renew Kaiser Permanente and then how  
11 to implement that; correct?

12 A. Yeah. That's what it appears to be from my  
13 cursory review.

14 Q. And that includes some discussion on Cedar  
15 Park's objection to coverage for abortion and certain  
16 contraceptives; right?

17 A. Yes, that's what it appears.

18 (Exhibit No. 14 marked.)

19 Q. (By Mr. Crisalli) Okay. Now, to -- finally,  
20 it's not an email.

21 A. Yeah.

22 Q. And, really, I mean, this is a 32-page  
23 document. Do you recognize the document?

24 A. It looks like the renewal document we get  
25 every year after we've made a selection.

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1 Q. Okay. Is it after you make a selection or  
2 proposals for how to determine what your selection's  
3 going to be?

4 A. We receive portions of this, primarily, the  
5 cost outlines, prior to making a decision and this kind  
6 of summarizes everything decided.

7 Q. Okay. This was presented in June -- on  
8 June 10, 2019 -- is that correct? -- looking at the  
9 first page?

10 A. Well, then my previous answer was incorrect  
11 then. If this was -- I didn't see the date June 10th,  
12 so this would've been a document prior to our making a  
13 decision.

14 Q. Okay. And the reason why I ask that is go to  
15 Page 2.

16 A. Okay.

17 Q. Is this a discussion of potential plans for  
18 Cedar Park to purchase for 2019?

19 A. Yes, that's what it appears to be.

20 Q. And it looks like it provides four different  
21 fields; right?

22 A. Yes.

23 Q. Do you know whether Cedar Park had this  
24 information at least in June of 2019?

25 A. I'm not positive, but I would assume so since

1 it's dated June.

2 Q. But at least Cedar Park probably had this  
3 information sometime between June of 2019 and  
4 September 1 of 2019; right?

5 A. Yes. Yeah.

6 Q. Okay. And this covers -- is it providing  
7 three different options for a health plan?

8 A. Yes.

9 Q. And there's a negotiated Kaiser Permanente, do  
10 you know what that is?

11 A. Yes.

12 Q. What is that?

13 A. That is the best proposal that our broker was  
14 able to negotiate with Kaiser to renew our prior year's  
15 plan.

16 Q. Okay. And just to make sure I understand the  
17 fields for how one thing you might be looking to  
18 evaluate would be combined annual costs. What does that  
19 field represent? What's your understanding of that  
20 field?

21 A. So are you referring to the one right above  
22 the little reminder in blue there at the bottom?

23 Q. Yeah. Do you have the -- the field that  
24 says -- above that in bold, you've got the combined  
25 medical/HSA/HRA annual cost.

1 A. And what's your question?

2 Q. Do you understand what -- what the field  
3 represents?

4 A. Yes.

5 Q. What does it represent?

6 A. That field represents the estimated cost for  
7 the next year based on the premiums for employees on a  
8 PPO plan, HMO plan, Cedar Park's contribution to a  
9 health savings account, and Cedar Park's contribution  
10 for health reimbursement arrangements.

11 Q. Is it appropriate to generally think of this  
12 as the total cost for the health insurance plans for  
13 Cedar Park? Excluding dental, how about that?

14 A. Not -- it's an estimate.

15 Q. Okay. That's fair. But it's an estimate of  
16 what the total cost for medical insurance for Cedar Park  
17 would be based on prior trend?

18 A. Yes.

19 Q. Okay. And in looking at that, it looks like  
20 the negotiated Kaiser Permanente plan would be \$916,314.  
21 Did I read that correctly?

22 A. Yes.

23 Q. And then there's two alternatives that are  
24 provided; is that right?

25 A. Yes.



1 Q. One is from Cigna fully insured. Did I read  
2 that correctly?

3 A. Yes.

4 Q. What is your understanding of what that plan  
5 would offer?

6 A. That's a -- a huge question. Can you be more  
7 specific?

8 Q. Do you know what it -- well, I'll backtrack.  
9 The other option is a Cigna alternative --  
10 excuse me -- Alternative 2 is Cigna level-funded. Did I  
11 read that correctly?

12 A. Yes.

13 Q. Do you have a rough understanding of the  
14 difference between a level-funded and a fully funded  
15 plan?

16 A. Well, you mean a fully insured plan and a  
17 level --

18 Q. Yeah. Fully insured. Excuse me. Let me  
19 repeat that question so I got the terminology correct.

20 Do you have a rough understanding of the  
21 difference between a fully insured plan and a  
22 level-funded plan?

23 A. Yes.

24 Q. What's the difference?

25 A. My understanding of the main difference is

1 that a fully insured plan provides specific costs for  
2 employees on an HMO or a PPO plan per month per  
3 employee. And a level-funded plan is somewhat similar  
4 except there is a degree of potential higher risk or  
5 gain for an organization with a level-funded plan.

6 Q. And -- oh, go ahead.

7 A. I just didn't hear you for a minute. I  
8 thought you might have been muted.

9 Q. Okay. Was your answer complete?

10 A. Yes.

11 Q. Okay. Did you understand whether this  
12 Alternative 1, fully insured Cigna plan, would be able  
13 to accommodate Cedar Park's religious objections to  
14 abortion and/or certain contraceptives?

15 A. I'm not sure that Cigna ever addressed our  
16 objections to abortions and abortifacient medications  
17 for their fully funded plan.

18 Q. Okay. In the remember section, can you read  
19 the last bullet point?

20 A. Okay.

21 Q. And does that point provide elective abortions  
22 are not covered for both the Cigna fully insured and the  
23 Cigna level-funded plan?

24 A. That's what it states.

25 Q. Okay. So would you understand the same

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1 offering to be with -- going back to the question: Does  
2 that change your testimony as to whether you understand  
3 the fully insured -- or Cigna alternative plan to  
4 accommodate your religious objections to abortion and  
5 certain contraceptives?

6 A. This proposal was June 10th. And if Jami and  
7 the brokers had written that that's what they are  
8 excluding there, I believe we requested documentation  
9 from Cigna regarding that, in writing, because we were  
10 being told by Kaiser and other carriers they would not  
11 do that.

12 Q. And did you receive a response that Cigna  
13 would be able to accommodate that in writing?

14 A. To my understanding, not for a fully insured  
15 plan.

16 Q. Okay. For the level-funded plan provided by  
17 Cigna, would that -- was your understanding -- Cedar  
18 Park's understanding that that plan could provide  
19 exclusions for abortion and certain contraceptives  
20 consistent with Cedar Park's religious beliefs?

21 A. Yes.

22 Q. And, in reviewing this, the combined  
23 medical/HSA/HRA annual cost for the Alternative 1 Cigna,  
24 was that 894 -- \$890,408 for 2019?

25 A. Based on all the same assumptions as the other

1 alternates.

2 Q. And then for the level-funded Cigna,  
3 Alternative 2, was estimated at \$913,381; is that right?

4 A. That's what this states, yes.

5 Q. And you would agree, as a matter of math, that  
6 those are both less than \$916,314?

7 A. Mathematically, looking at the numbers, yes.

8 Q. And Cedar Park did not select either the  
9 fully -- did not select the fully insured Cigna plan;  
10 correct?

11 A. Correct.

12 Q. And Cedar Park did not select the level-funded  
13 Cigna plan; correct?

14 A. Yes, that's correct.

15 Q. Why did Cedar Park decide not to purchase  
16 either of those plans in 2019?

17 A. Our broker had advised us that Cigna generally  
18 brings in a low rate in the first year and then  
19 significantly increases rates in future years, so the  
20 ability for Cedar Park in future years to provide  
21 high-quality health plans for our employees would've  
22 been in question because of increased costs among other  
23 things.

24 Q. So Cedar Park selected -- or elected not to  
25 purchase Cigna because of the increased costs it thought

1 might occur later. Is that a fair statement of your  
2 testimony?

3 MR. THERIOT: Objection.  
4 Mischaracterization of his testimony.

5 Q. (By Mr. Crisalli) You may answer.

6 A. That was one consideration.

7 Q. What other considerations were there?

8 A. Kaiser does not provide services to any other  
9 preferred provider organization, meaning that a switch  
10 to Cigna would require all Cedar Park employees and  
11 family members using the Kaiser HMO to find new  
12 providers.

13 Q. Would you agree that it is a choice for Cedar  
14 Park whether to make a switch based on preferred  
15 providers? In other words, it's not mandated to make a  
16 switch or stay with Kaiser Permanente based on whether  
17 they use preferred providers or not?

18 A. I -- I would agree that it's Cedar Park's  
19 choice to select its healthcare provider.

20 Q. And -- and is the selection of -- based on  
21 finances related to Cedar Park's religious beliefs?

22 A. That seems like two questions.

23 Q. Okay. You stated that, from what I've heard,  
24 the two reasons that Cedar Park did not select Cigna was  
25 it thought -- it believed that the cost would increase

1 years later. That's one; correct?

2 A. That's what we were advised by our broker.

3 Q. And the other was that the employees would  
4 have to change their preferred providers because of  
5 switching from the Kaiser system to a Cigna system; is  
6 that correct?

7 A. To Cigna's preferred provider network. Those  
8 were the two I mentioned so far.

9 Q. Are there other reasons why you decided not to  
10 go with Cigna?

11 A. Yes.

12 Q. What are those?

13 A. A fully funded plan -- in a fully funded  
14 insurance plan, all risk for claims exceeding premiums  
15 is borne by the carrier. That is not true with a  
16 self-funded plan, a level-funded plan.

17 Q. And when you talk about risk, you're talking  
18 about financial risk in paying for the services; is that  
19 correct?

20 A. No.

21 Q. What kind of risk are you talking about?

22 A. One of the main criteria that insurance  
23 companies use when bidding a fully insured plan or a  
24 level-funded plan for Cedar Park is our experience,  
25 which is the amount of claims in the -- annually

1 compared to the annual premiums.

2 Q. And you would agree that that analysis is a  
3 mathematical technical analysis, not one done based on  
4 Cedar Park's religious beliefs; correct?

5 A. I believe so.

6 Q. And are there any other reasons why Cedar Park  
7 did not select Cigna?

8 A. Which Cigna plan are we talking about?

9 Q. Either of them.

10 A. With the level- -- with any level-funded plan,  
11 there is risk and reward to the company with a  
12 level-funded plan. If Cedar Park's utilization of  
13 high-cost claims increased, with a level-funded plan,  
14 the majority of those costs would likely be passed on to  
15 Cedar Park in higher future premiums.

16 Q. And the analysis of that risk, again, is based  
17 on market principles instead of Cedar Park's religious  
18 beliefs; correct?

19 A. I can't speak for the insurance companies, but  
20 I would think so.

21 Q. You have no reason to believe that it's  
22 because of Cedar Park's religious beliefs that that risk  
23 calculation would -- is altered because Cedar Park's a  
24 church as compared to anything else, do you?

25 A. No.

1 Q. Have you reviewed the complaints and  
2 supplemental complaints in preparation for this  
3 deposition?

4 A. I have read them.

5 Q. Would Cedar Park agree that no complaint or  
6 pleading filed by Cedar Park mentions that Cedar Park  
7 looked at or considered Cigna as a potential insurance  
8 carrier?

9 MR. THERIOT: Objection to the extent  
10 that it calls for a legal conclusion.

11 THE DEPONENT: Yeah. I -- I'm not sure.

12 (Exhibit No. 15 marked.)

13 Q. (By Mr. Crisalli) I have Exhibit 15.

14 Before we go to 15, and this is -- 15's a  
15 quick one. But in your discussions, did you primarily  
16 communicate with Jami about the plans and then some  
17 Melissa from Gallagher? Or, excuse me, I think I said  
18 Melissa. I think I meant Melinda.

19 A. Okay.

20 Q. Yeah.

21 A. That was confusing.

22 Q. Yeah.

23 A. Primarily, yes, with Jami and Melinda.

24 Q. Were your communications primarily via email?

25 A. Primarily.



1 Q. Did you have phone calls with them or  
2 in-person meetings with them from time to time?

3 A. Yes.

4 Q. And do you -- do you recall any meetings where  
5 you discussed Cigna as a potential plan for 2019?

6 A. I assume, based on your exhibit with the  
7 June 10th document, that we would've met in person and  
8 had those discussions, yes.

9 Q. Okay. That was going to be my next question  
10 is: Were they the kinds of meetings where they present  
11 their options to you like what's in Exhibit 14?

12 A. Was 14 the one we just looked at?

13 Q. Yes.

14 A. Yes.

15 Q. All right. Turning to Exhibit 15.

16 A. Well, that was a quick one. I'm through it.

17 Q. I'll try and keep those large ones away from  
18 you from here on out, but I make no promises.

19 Is this an email string dated May 18, 2020, at  
20 8:54 a.m. to May 18, I think, at 9:13 a.m.?

21 A. Yes, that's what it appears to be.

22 Q. And it looks, from the first email, that you  
23 had forwarded a declaration from me filed in this  
24 matter, and I asked questions about a potential plan.  
25 Do you recall this?

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1           A.    I don't recall this specific attachment, but I  
2 believe this was in reference to new information from  
3 either -- there might have been a Providence health plan  
4 that we did not receive a bid on.

5           Q.    And was your understanding the reason you did  
6 not receive a bid on it was that Providence had chosen  
7 not to enter the King County market?

8           A.    Well, my understanding was that they were only  
9 offering -- or maybe that is it. Hold on.

10                  They were only offering individual plans in  
11 our service area, yes.

12           Q.    And did you understand that Providence had  
13 offered, in other counties, plans that would be  
14 consistent with Cedar Park's religious beliefs towards  
15 abortion and certain contraceptives?

16           A.    I don't know what relevance that would have,  
17 but, no, I wasn't.

18           Q.    Okay. Are you aware of that now?

19           A.    No.

20           Q.    Then why did you forward this particular plan?

21           A.    Because I wanted to make sure that the plans  
22 we reviewed, we had not missed a plan that would have  
23 allowed us to provide a health care plan excluding  
24 abortions and abortifacients in keeping with our  
25 deeply-held religious beliefs.

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1 Q. I would like to turn now to the 2020 renewal.  
2 Was the process the same for the 2020 renewal as far as  
3 seeking -- strike that.

4 Did Cedar Park solicit bids from its broker  
5 for plans that excluded abortion or certain  
6 contraceptive services in the health plan?

7 A. For the next year, for 2020?

8 Q. For the next year beginning September 1, 2020.

9 A. Based on numerous prior conversations with our  
10 broker, I think it's safe to say that Jami knew that if  
11 there was a plan that was affordable, did not include  
12 significant risk or negatively impact our employees, we  
13 would want to know about those plans.

14 (Exhibit No. 16 marked.)

15 Q. (By Mr. Crisalli) I think we're on 16 on the  
16 current exhibit, so I'm trying to make sure my numbering  
17 is staying consistent.

18 Just looking at the first page, is this  
19 document like Exhibit 14 but for the 2020 renewal cycle?

20 A. Yes, this would be a mid-process document.

21 Q. And it appears that it was presented on  
22 July 9, 2020?

23 A. Yes, now that I know where to look for the  
24 date.

25 Q. Okay. And looking at the second page, is the

1 second page an outline of the costs for options for  
2 medical plans for starting September 1, 2020?

3 A. Yes. This is showing four -- four columns,  
4 essentially two options.

5 Q. Yeah. And this one, compared to 2019, it  
6 looks to have two options for Kaiser Permanente and then  
7 one Cigna option; is that correct?

8 A. Yes.

9 Q. And is your understanding that for the 2020,  
10 the version -- the Cigna option would exclude abortion  
11 and contraceptive services consistent with Cedar Park's  
12 religious beliefs?

13 A. Yes. Because that is a level-funded plan, we  
14 could exclude specific procedures.

15 Q. And do you know what the difference is between  
16 the renewal and the negotiated options from Kaiser  
17 Permanente?

18 A. Yes.

19 Q. What is it?

20 A. The second column renewal was Kaiser's  
21 original rate increase based on prior years'  
22 utilization, and the third column negotiated was a lower  
23 rate that our broker was able to negotiate with Kaiser  
24 for us.

25 Q. And the renewal rate was \$1,149,384 for the

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1 estimated annual cost; is that right? That was combined  
2 costs.

3 A. That was Kaiser's original proposal.

4 Q. And then the negotiated rate was -- from  
5 Kaiser was \$1,099,092; is that correct?

6 A. Yes.

7 Q. And then the Cigna fund was 1,140,925;  
8 correct?

9 A. According to this document, yes.

10 Q. Do you know if there were any other plans for  
11 the 2020 cycle that your broker reviewed that -- aside  
12 from Providence, it sounds like, and Cigna, we'll say,  
13 that provided for an exclusion for services to which  
14 Cedar Park had a religious objection?

15 A. So the -- that's seems like two questions  
16 again. Can you clarify?

17 Q. Yeah. Were there any other plans, aside from  
18 those that we've talked about already, that your broker  
19 reviewed as potential plans for 2020 that were  
20 consistent with Cedar Park's religious beliefs?

21 A. There are -- there were no plans other than a  
22 level-funded plan or self-funded plan that would allow  
23 us to exclude abortions or abortifacient drugs based on  
24 Washington State Bill 6219.

25 (Exhibit No. 17 marked.)

1 Q. (By Mr. Crisalli) Putting in Exhibit 17.

2 A. This is the same one or a new one?

3 Q. This is a new one.

4 A. Okay. Well, that one I read fast.

5 Q. Great.

6 Do you recognize this document?

7 A. Yes.

8 Q. And this is an email received July 14, 2020?

9 A. That's what it appears to be.

10 Q. And it appears to describe, from Cigna's  
11 compliance team, their policies towards dealing with  
12 religious objections, particularly to contraceptives and  
13 abortion; correct?

14 A. Yes.

15 Q. And this includes the same language of that  
16 other document where we talked about Cigna's compliance  
17 or how Cigna implemented a religious objection; is that  
18 correct?

19 A. It appears to be stating that the policy must  
20 cover abortions and contraceptives.

21 Q. But it also includes that third paragraph that  
22 provides: "An employer with a religious or moral tenet  
23 opposed to a specific service is not required to  
24 purchase coverage for that service if they object for  
25 reason of religion or conscience."

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1 Did I read that first sentence of the third  
2 bullet correctly?

3 A. Yes.

4 Q. And then the next sentence: "In other words,  
5 an employer may exclude coverage for contraceptives and  
6 abortion if that employer objects to providing that  
7 coverage due to religious or other beliefs."

8 Did I read that correctly?

9 A. Yes.

10 Q. And this is likely with regard to the  
11 level-funded plan that was submitted in the 2020  
12 alternative presentation; is that correct?

13 A. Let me check. July 9th was that proposal.  
14 This is July 14th, so that's likely correct.

15 Q. Hold on a second. I need to rename a document  
16 because my numbering is a little off.

17 A. Okay.

18 (Exhibit No. 18 marked.)

19 Q. (By Mr. Crisalli) And do you recognize this  
20 document?

21 A. I don't recall getting the email, but I  
22 recognize the content of it. And it's sent to me, so  
23 I'd say yes.

24 Q. And it appears that -- particularly, beginning  
25 on Page 2 through 7 is providing based on different --

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1 let me take a step back for a bigger picture.

2 What's going on, in your understanding, in  
3 Pages 2 through 7 by all the different alternatives?  
4 And if you want to speak generally to that, I just want  
5 to kind of make sure I know what this document's doing  
6 and how it was used by Cedar Park.

7 A. One of the strategies that -- that Cedar  
8 Park's used successfully in the past is, whenever  
9 allowed by law, increasing the deductible amount to  
10 decrease premium costs, and that, I believe, is what we  
11 were doing this year.

12 Q. So as I read the different alternatives, it's  
13 looking at if you change the deductible or premium rate,  
14 what the total cost might end up being based on the  
15 assumptions built within the model; is that correct?

16 A. Essentially, yes.

17 Q. And included within this analysis, beginning  
18 on Bates Stamp -- it looks like Cedar Park 000479, they  
19 included an analysis with respect to Cigna; right?

20 A. Yes.

21 Q. And the same with -- it looks like throughout  
22 the document, there's both a Kaiser with multiple  
23 alternatives and Cigna with multiple alternatives; is  
24 that right?

25 A. Yes.



1 Q. And this is probably building in the same  
2 assumptions about the Cigna plan with respect to the  
3 exercise of Cedar Park's objections to abortion and  
4 certain contraceptives; correct?

5 A. What do you mean by that specifically?

6 Q. In looking at the Cigna plans, embedded is an  
7 assumption that there will be an exemption for abortion  
8 services and certain contraceptives consistent with  
9 Cedar Park's religious beliefs.

10 A. Yes. Along with all of the other  
11 considerations of a level-funded versus a fully-insured  
12 plan, which Cigna chose not to bid that year.

13 Q. And in the end, for 2020, Cedar Park renewed  
14 with Kaiser; right?

15 A. Yes.

16 Q. Using the negotiated plan, I would assume?

17 A. Oh, man.

18 Q. Or did the -- I'll take a step back.

19 Did Cedar Park purchase the renewed plan or  
20 the negotiated plan?

21 A. What page are you on? Which page?

22 Q. It's not a page on this document. I'm just  
23 asking generally.

24 So if you need this document to help refresh  
25 your recollection, please feel free to take a look.

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1           A.     Yeah. In looking at it, I believe we went  
2 with Alternative 2 or 3 because they had higher  
3 deductibles and, thus, the total cost was slightly less.

4           Q.     But looking at the -- so as I read that one,  
5 on Page 2, which is Bates Stamp 000478, Cedar Park, the  
6 combined medical/HSA/HRA annual cost was \$1,001,027 for  
7 Alternative 2; is that correct?

8           A.     That's what I see, yes.

9           Q.     And then for Alternative 3 it was 1,007,352 or  
10 -62?

11          A.     I enlarged my screen, it's -352.

12          Q.     Yeah, we're all getting old.

13                 And so, in the end, Cedar Park selected one of  
14 these, likely either Alternative 2 or 3, as its plan for  
15 the 2020 year; correct?

16          A.     I am almost positive that we went with a  
17 higher-deductible plan that year. I would have to  
18 double-check to be certain, but that could be  
19 Alternative 2 or 3. I can't remember what those  
20 differences are.

21          Q.     Okay. Are the reasons that Cedar Park did not  
22 select Cigna the same as the reasons it did not select  
23 Cigna in 2020 -- or 2019?

24          A.     Primarily, I would say yes.

25          Q.     Okay. Were there any different reasons why

Page 76

1 Cedar Park did not select Cigna in 2020, either new or  
2 situations that didn't apply than those in 2019?

3 A. Let me check something here.

4 Okay. I was checking in the proposal. Repeat  
5 the question for me, please?

6 Q. Were there any reasons why that are different  
7 from 2019 as to why Cedar Park did not select Cigna  
8 in 2020?

9 A. There may have been.

10 Q. Okay. What might those have been, those  
11 different reasons?

12 A. The fact that Cigna, this year, would not bid  
13 a fully funded plan may have been a consideration, and  
14 our increased stop-loss experience in the prior fiscal  
15 year compared to other fiscal years.

16 Q. And what's a stop-loss?

17 A. Those are plans under -- those are plans, I  
18 guess, under any of the insurance options where the  
19 carrier either puts money into a pool for claims that  
20 reach a certain threshold or they buy outside stop-loss  
21 insurance where once a claim hits a particular amount,  
22 it is paid for by that policy or pool rather than  
23 costing the carrier dollar for dollar for all of those  
24 claims.

25 Q. No part of that calculation involves or

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1 relates to whether Cedar Park has religious beliefs;  
2 correct?

3 A. I don't believe so.

4 Q. For 2021, the plan beginning in 2021,  
5 September 1, 2021, did Cedar Park follow, generally, the  
6 same process it had the previous years on using a broker  
7 to purchase that insurance plan?

8 A. Essentially, yes.

9 Q. Okay. And, in the end, Cedar Park purchased a  
10 Kaiser Permanente plan again; right?

11 A. Do you have the 2021 proposal from our broker?

12 Q. I do. I'm going to first talk about an email  
13 then we'll do that, okay? Just to set up the...

14 Apologies. I'm renaming something so it takes  
15 a minute.

16 A. Okay.

17 (Exhibit No. 19 marked.)

18 MR. THERIOT: Do you see it there, Steve?

19 Q. (By Mr. Crisalli) Yeah, sorry. Exhibit 19 is  
20 in there.

21 A. I'm enjoying my water too much.

22 Q. And, really, I'm focusing on Page 1 starting  
23 at the -- your email March 24, 2021, at 11:22 a.m.

24 A. Okay. I've read that.

25 Q. In your -- this is an email from you to

1 Melissa Knauss on Wednesday, March 24, at 11:22 a.m.; is  
2 that correct?

3 A. Yes, that's what it appears.

4 Q. And you start off with: "This is a toned-down  
5 email I would like to send to Jami. I don't want to  
6 send it until you and I have had a chance to talk about  
7 but I'm hopping mad. Steve."

8 Do you recall saying that?

9 A. Well, typing it, I mean, that sounds like me.

10 Q. Why did you say that you were hopping mad?

11 A. Because prior to this, every single month, we  
12 would get a 12-month rolling report from Kaiser showing  
13 our utilization of premiums versus claim costs, and they  
14 have just notified us that they wouldn't be doing that  
15 anymore.

16 Q. And what did you use those reports for?

17 A. Those reports gave us an idea for budgeting  
18 purposes of how our utilization looked. And by  
19 calculating the claims utilization to premiums, that  
20 would give me an idea of whether or not we seem to be on  
21 track for higher premiums or we were in a position to  
22 ask for lower premiums in the next plan year.

23 Q. In the last paragraph, you say: "You can ask  
24 what rate they will give if we don't shop, but I'm  
25 pretty done with Kaiser based on this nonsense if I

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1 don't get my utilization reports, at least for April  
2 like before, if that's when they're giving us our  
3 proposed rates."

4 Did I read that correctly?

5 A. Mm-hmm.

6 Q. So at this point, were you seriously -- was  
7 Cedar Park considering leaving Kaiser Permanente?

8 A. Based on the lack of information I was getting  
9 and other points that I referenced here, there was  
10 something I can't recall the details about, obesity  
11 rates that they were throwing and it seemed to me this  
12 was just a play to be able to give us their maximum  
13 annual rate increase.

14 Q. And none of these rates are related to Cedar  
15 Park's expression of its religious beliefs; right?

16 A. I don't believe so.

17 Q. Did Cedar Park solicit bids for the 2021 year  
18 from plans other than Kaiser Permanente?

19 A. I believe I did. Do you have our -- is that  
20 the thing you just --

21 (Exhibit No. 20 marked.)

22 Q. (By Mr. Crisalli) Yes. I put in Exhibit 21 --  
23 or, 20, excuse me. I'm looking at the first page.

24 A. Yeah, I'm trying to get the thing to open.

25 Oh, there we are. Okay.

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1 Q. Is this exhibit like Document 18 and, what,  
2 16? Excuse me, Documents 16 and 14?

3 A. Which are the documents for the '19 and '20  
4 plan years from Gallagher?

5 Q. Yes.

6 A. Yes. This would be the similar, not  
7 pre-renewal but mid-renewal document from them.

8 Q. And this is a document that's dated  
9 June 28, 2021; right?

10 A. Yup.

11 Q. And if you go to the second page, this appears  
12 to be the proposal for medical for a different option;  
13 is that right?

14 A. Just a second. I'm scrolling to make sure I  
15 know everything in here.

16 Okay. Sorry, your question, then, was on  
17 Page 2?

18 Q. Yeah, Page 2. Is that the presentation of  
19 different options for medical for 2021?

20 A. Yes.

21 Q. And this appears to just have two options is  
22 my read; is that right?

23 A. Oh, I see. The Kaiser -- the second column,  
24 the Kaiser Permanente, and the Regence BlueShield  
25 column, yes.

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1 Q. Correct.

2 Do you know if your broker solicited bids from  
3 any other healthcare insurance carrier?

4 A. Yes.

5 Q. And did they?

6 A. Yes.

7 Q. How many did they solicit bids from?

8 A. Five plans other than Kaiser Permanente.

9 Q. Okay. Were you reading anything -- and I'm  
10 trying to figure out your counting, but if you were just  
11 thinking to yourself and counting? I didn't know if you  
12 were reading something.

13 A. No, it's Page 17 of the document you just sent  
14 me.

15 Q. Okay. Okay. And do you know whether any of  
16 those plans included an exception for abortion or  
17 contraceptive -- certain contraceptives consistent with  
18 Cedar Park's religious beliefs?

19 A. I don't believe any did with the exception of  
20 Cigna. It doesn't state here, but I believe they were  
21 re quoting their level-funded plan from the year before.  
22 Everything else was fully insured.

23 Q. And do you know whether the Regence plan,  
24 provided on Page 2 as an alternative, whether that plan  
25 offered an exemption for abortion and certain



1     contraceptive services consistent with Cedar Park's  
2     religious belief?

3             A.     My understanding is they did not.

4             Q.     And Cedar Park again renewed with Kaiser  
5     Permanente for 2021; is that correct?

6             A.     Yes.

7             Q.     And why did it choose Kaiser Permanente over  
8     Regence BlueShield?

9             A.     All the same factors that we consider always,  
10     the cost of the plan, the access to providers that it  
11     provides our staff, the likelihood of future increases  
12     being exorbitant. Those are kind of my big three.

13            Q.     And for the 2022 cycle, the plan taking effect  
14     September 1, 2022, did Cedar Park approach its broker  
15     about soliciting additional bids?

16            A.     Yes.

17            Q.     And did it receive any alternatives?

18            A.     I would have to check. I don't...

19                         (Exhibit No. 21 marked.)

20            Q.     (By Mr. Crisalli) Okay. I put in Exhibit 21.

21                         So, first, this document looks to me a little  
22     different from Exhibits 21 -- or, excuse me -- 20, 16,  
23     and 14. I'm trying to figure out if this is the same  
24     kind of presentation that occurred with respect to those  
25     documents.

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1 A. Okay. Let me...

2 Okay. So what's your question again? Now,

3 I --

4 Q. Okay. Just so I -- I'll start over.

5 Do you recognize this document?

6 A. Yes.

7 Q. What is this document?

8 A. It is a mid-renewal document outlining all of  
9 our options from Gallagher for the plan beginning  
10 September 1, 2022.

11 Q. And this document's dated June 1, 2022; is  
12 that correct?

13 A. Yup.

14 Q. As I reviewed this document, I did not see any  
15 options provided for health -- a health insurance  
16 carrier. Is there -- is that correct?

17 A. This document does not include a list of  
18 carriers that -- other carriers that were solicited.  
19 That's correct.

20 Q. Okay. I think it's likely I don't have the  
21 analysis document that happens later in the cycle  
22 through the course of discovery. At least, I haven't  
23 seen it in my review of the documents for 2022.

24 Can you tell me if you recall what other plans  
25 Cedar Park considered for the 2022 purchase?

1 A. Hang on. Let me check one thing here.

2 Q. And before you go and check, I just want to --  
3 are you looking at Exhibit 21, or are you looking at  
4 something else?

5 A. Yes, 21. Yeah, I was just -- so go on.

6 Q. Oh, what -- do you recall what health  
7 insurance carriers Cedar Park reviewed for the 2022  
8 purchase?

9 A. I believe that my instruction to my broker --  
10 well, my instruction to my broker is always, "Get me  
11 options," unless it's in a year where we are negotiating  
12 a rate reduction with Kaiser that nobody else would be  
13 able to do. And, in those cases, it's, generally, we  
14 won't go out to bid, but you drop your prices to where  
15 we feel we couldn't do any better.

16 I believe my broker did go to other carriers  
17 this year, and I believe all of them declined to  
18 cover -- to quote or felt that they would be  
19 noncompetitive.

20 Q. And, in the end, Cedar Park purchased a Kaiser  
21 plan or renewed its Kaiser plan as negotiated; correct?

22 A. Yes.

23 Q. Has Cedar Park ever reached out to the Office  
24 of Insurance Commissioner to determine whether there was  
25 a plan available in the market that would accommodate

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1 Cedar Park's religious beliefs?

2 A. I'm not sure.

3 Q. Did Cedar Park ever access the Office of  
4 Insurance Commissioner's website and research what plans  
5 are available that might be consistent with Cedar Park's  
6 religious beliefs?

7 A. I don't know.

8 Q. Did Cedar Park reach out to any other state  
9 agency to determine whether there is a health plan  
10 available on the market that would accommodate Cedar  
11 Park's religious belief?

12 A. I don't know.

13 MR. CRISALLI: All right. So let's go  
14 off the record.

15 MR. THERIOT: Okay.

16 (Discussion off the record.)

17 (A break was taken from  
18 12:26 p.m. to 12:34 p.m.)

19 Q. (By Mr. Crisalli) Sir, do you understand you  
20 are still under oath?

21 A. Yes.

22 Q. Did Cedar Park conduct any independent  
23 research into different ways it could purchase health  
24 insurance while exercising its religious objections to  
25 abortion and certain contraceptives?

1 MR. THERIOT: Objection. Vague.

2 THE DEPONENT: Yeah. I'm not quite sure  
3 what you mean. Other ways?

4 Q. (By Mr. Crisalli) To what degree did Cedar Park  
5 investigate ways in which it could purchase health  
6 insurance consistent with its religious objection to  
7 abortion and certain contraceptives?

8 A. Gallagher is a large, nationwide broker. They  
9 said there were none in King County. We talked to two  
10 other insurance brokers, smaller companies who are eager  
11 for our business, to see if they could offer any  
12 alternatives, and they could not.

13 We talked to, actually, a nonmedical insurance  
14 person in our congregation who just has knowledge of  
15 medical to see if there were anything else, and we'd  
16 consistently come up to the fact that because of State  
17 Bill 6219, there are no plans other than level-funded or  
18 self-funded that would allow us to enact a plan in  
19 keeping with our deeply-held religious convictions.

20 Q. Is Cedar Park aware that there are plans  
21 currently on the market that offer services consistent  
22 with Cedar Park's religious belief?

23 A. Plans on the market, what do you mean?

24 Q. I mean health plans -- health insurance plans  
25 on the market consistent with Cedar Park's religious

1 beliefs.

2 A. I'm aware of self-funded plans -- level-funded  
3 plans or self-insured plans.

4 Q. Has Cedar Park had any discussions with  
5 carriers about offering a plan that would be  
6 consistent -- I'm talking carriers, not the broker, but  
7 you, yourself, with carriers about offering a plan  
8 consistent with Cedar Park's religious beliefs?

9 A. No, not directly.

10 Q. And you don't know of different methods in  
11 which carriers could effect an exclusion in a plan for  
12 abortion or contraceptives while being consistent with  
13 Senate Bill 6219?

14 A. No, I don't.

15 Q. Have you ever contacted Kaiser Permanente  
16 directly about its exclusion -- about whether it could  
17 exclude abortion care in its plan?

18 A. I believe there are documents that we  
19 submitted that -- that do address that.

20 Q. What's your understanding as to why Kaiser  
21 Permanente will not offer a plan consistent with Cedar  
22 Park's religious beliefs?

23 A. I believe that perhaps in that 61-page giant  
24 email or in other communications, Kaiser has said that  
25 after 6219 was enacted, they would not be able to do

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1 that, exclude abortions or abortifacients. But if 6219  
2 was overturned, they would be able to, mid-plan, exclude  
3 those abortion services.

4 Q. Do you think that -- does Cedar Park take the  
5 position that the defendants violate its rights by if  
6 Kaiser Permanente engages in an incorrect legal  
7 analysis?

8 MR. THERIOT: Objection. Calls for a  
9 legal conclusion.

10 THE DEPONENT: Yeah. I'm not even sure  
11 what you're question is.

12 Q. (By Mr. Crisalli) Let's say Kaiser's wrong in  
13 the law and their advice is bad. I want you to accept  
14 that premise. Okay? Does that work?

15 A. Okay.

16 Q. Are the defendants, in this matter -- does  
17 Cedar Park take the position that the defendants, in  
18 this matter, are violating Cedar Park's religious rights  
19 for that flawed assumption?

20 MR. THERIOT: Objection. Calls for a  
21 legal conclusion and speculation.

22 THE DEPONENT: I -- that doesn't make  
23 sense to me.

24 Q. (By Mr. Crisalli) What about it doesn't make  
25 sense?

1           A.     I don't understand what you're -- why you're  
2 talking about Kaiser's lawyers and Cedar Park.

3           Q.     I'm saying what if Kaiser's wrong --

4                     MR. THERIOT:   Same objection.

5           Q.     (By Mr. Crisalli) -- is that --

6                     MR. CRISALLI:   I'll finish the sentence  
7 and allow you to get your objection.

8                     MR. THERIOT:   Sorry.

9                     MR. CRISALLI:   No worries.

10          Q.     (By Mr. Crisalli) What if Kaiser's wrong on its  
11 legal analysis? There are other plans that have been  
12 approved that recognize individuals' or organizations'  
13 religious objections. Is it -- are defendants  
14 nonetheless violating Cedar Park's religious rights  
15 because Kaiser has engaged in that flawed analysis?

16                     MR. THERIOT:   Same objection.

17                     THE DEPONENT:   We're not basing our  
18 opinion on what Kaiser said. We're basing it on what  
19 every single carrier has told our broker and our reading  
20 of the law and our attorney's advice.

21          Q.     (By Mr. Crisalli) Okay. Then, the same  
22 question goes with respect to what if your broker is  
23 wrong. Are the defendants liable or violating your  
24 religious rights for a bad opinion by a broker?

25                     MR. THERIOT:   Objection. Vague. Calls



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1 for a legal conclusion.

2 THE DEPONENT: Again, it's -- it's the  
3 broker, but it's also our attorney who has told us that  
4 that's what the law says, and our experience that no  
5 other -- no one will provide a plan like we had before  
6 House Bill 6219 precluded us from excluding abortions as  
7 we have in the past.

8 Q. (By Mr. Crisalli) I don't have any further  
9 questions at this point. Thank you very much for your  
10 time. I appreciate it.

11 MR. CRISALLI: Can go off the record?

12 MR. THERIOT: Okay.

13 (Deposition concluded at 12:42 p.m.)

14 (Signature reserved.)

15 --o0o--  
16  
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23  
24  
25

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## C E R T I F I C A T E

STATE OF ARIZONA )  
 )  
 COUNTY OF MARICOPA )

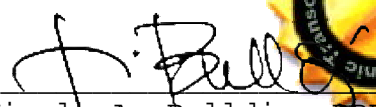
I, Nicole A. Bulldis, RPR, a Certified Court Reporter, do hereby certify under the laws of the State of Washington:

That the foregoing 30(b)(6) deposition upon oral examination of Cedar Park Assembly of God of Kirkland, Washington designee, Steven Orcutt, was taken stenographically by me on November 21, 2022 and transcribed under my direction;

That the witness was duly sworn by me to testify truthfully, and that the transcript of the deposition is full, true, and correct to the best of my ability;

That I am not a relative, employee, or counsel of any party to this action or relative or employee of such counsel, and that I am not financially interested in the said action or the outcome thereof.

IN WITNESS WHEREOF, I have hereunto set my hand this 1st day of December 2022.

  
 Nicole A. Bulldis, RPR  
 AZ CCR No. 50955  
 WA CCR. No. 3384



# Exhibit B

## **Deposition of 30(b)(6) Jason Smith**

**Cedar Park Assembly of God of Kirkland v Kreidler, et al.**

**November 21, 2022**



**206.287.9066 | 800.846.6989**

1325 Fourth Avenue, Suite 1840, Seattle, Washington 98101

[www.buellrealtime.com](http://www.buellrealtime.com)

email: [info@buellrealtime.com](mailto:info@buellrealtime.com)



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IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT TACOMA

---

CEDAR PARK ASSEMBLY OF GOD OF	)	
KIRKLAND, WASHINGTON,	)	
	)	
	)	
Plaintiff,	)	
	)	
v.	)	No. 3:19-cv-05181-BHS
	)	
MYRON "MIKE" KREIDLER, et al.,	)	
	)	
	)	
Defendants.	)	

---

30(b)(6) DEPOSITION UPON ORAL EXAMINATION  
OF CEDAR PARK ASSEMBLY OF GOD OF KIRKLAND, WASHINGTON  
REPRESENTED BY JASON SMITH - VOLUME II

---

Taken at Kirkland, Washington  
(All participants appearing via videoconference.)

DATE TAKEN: November 21, 2022  
REPORTED BY: Nicole A. Bulldis, RPR  
AZ No. 50955 | CA No. 14441 | WA No. 3384

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A P P E A R A N C E S

FOR PLAINTIFF:

(via Zoom)

KEVIN H. THERIOT  
Alliance Defending Freedom  
15100 N. 90th Street  
Scottsdale, AZ 85260  
(480) 444-0020  
ktheriot@adflegal.org

FOR DEFENDANTS:

(via Zoom)

PAUL M. CRISALLI  
Office of the Attorney General  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104  
(206) 464-7744  
paul.crisalli@atg.wa.gov

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## 30(b)(6) DEPOSITION OF JASON SMITH - VOLUME II

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1 REPORTED REMOTELY FROM MARICOPA COUNTY, ARIZONA

2 Monday, November 21, 2022; 1:45 p.m.

3 --oOo--

4  
5 JASON SMITH, witness herein, having been  
6 first duly sworn on oath,  
7 was examined and testified  
8 as follows:  
9

10 E X A M I N A T I O N

11 BY MR. CRISALLI

12 Q. And could you please state your name and spell  
13 the last name for the record?

14 A. Jason Smith, S-m-i-t-h.

15 Q. Okay. And you sat in on the deposition that  
16 occurred this morning with Mr. Orcutt; is that correct?

17 A. Yes, that's correct.

18 Q. And you heard me give a little preview of some  
19 of the ground rules for the deposition; is that right?

20 A. Yeah.

21 Q. Do you recall those? I'm asking whether you  
22 want me to repeat all those, or if we could just have a  
23 general agreement that those ground rules will apply  
24 equally here.

25 A. I recall them, and I -- I agree that they



1 would be applied here.

2 Q. Okay. Great. Thank you.

3 I have Exhibit 1 in the chat for you to  
4 download and review. And we are using consecutive  
5 exhibits, so you'll see what's going to happen is  
6 there's going to be an Exhibit 1, and then the next for  
7 you will be, like, Exhibit 22.

8 A. Okay. Yes, I have Exhibit 1.

9 Q. And do you understand that you have been  
10 designated by Cedar Park to testify on its behalf as an  
11 organization today?

12 A. Yes.

13 Q. Okay. And do you understand that your answers  
14 can be binding as to Cedar Park for purposes of this  
15 case?

16 A. Yes.

17 Q. All right. And my understanding is that you  
18 have been designated to testify as to Topic 1; is that  
19 right?

20 A. Yes.

21 Q. That you have been designated to testify as to  
22 Topic 2; is that correct?

23 A. That's correct.

24 Q. And then Number 6; is that correct?

25 A. Yes.

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1 Q. And Topic 7; is that correct?

2 A. Yes.

3 Q. Are there any other of these topics that you  
4 believe you have been designated to testify on behalf of  
5 Cedar Park today?

6 A. Not to my knowledge.

7 Q. What is your position at Cedar Park?

8 A. Senior pastor.

9 Q. And how long have you been senior pastor at  
10 Cedar Park?

11 A. Seven years.

12 Q. And going back, one more clarification. As we  
13 did in the last dep, I'm going to use the term "Cedar  
14 Park." Do you understand that to be Cedar Park Assembly  
15 of God of Kirkland, Washington, the plaintiff in this  
16 matter?

17 A. Yes, I do.

18 Q. Okay. Could you briefly describe your  
19 education?

20 A. I have an undergraduate degree, a Bachelor of  
21 Arts in Biblical Literature and New Testament Greek,  
22 and -- and that's the extent of degrees that I have.  
23 I've had some seminary that I've worked with in various  
24 things, but a bachelor of arts in Bible.

25 Q. Okay. Did you obtain any certification

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1 through seminary to become a pastor?

2 A. I -- I am ordained with the Assemblies of God  
3 as a minister.

4 Q. And the Assemblies of God, is that -- how  
5 would you describe what that is compared to other  
6 branches of the Christian religion?

7 A. It is a denomination.

8 Q. That's the word I was looking for. Thank you.

9 And who ordained you as a minister through the  
10 Assemblies of God, as in, is there a council or a test  
11 or some sort of group of individuals who review and make  
12 those kind of determinations that you can be ordained as  
13 a minister?

14 A. Yes. It's a combination of the Northwest  
15 District Executive Presbytery and the National  
16 Presbytery for our denomination.

17 Q. And are you involved presently with either of  
18 those as far as -- well, I'll leave it there.

19 Are you involved with either of those two  
20 organizations?

21 A. I'm a minister in good standing with both of  
22 those organizations.

23 Q. Not fully knowing the structure of how  
24 Assemblies of God works, but are you in any kind of  
25 leadership position with respect to those two

1 organizations as opposed to just Cedar Park?

2 A. I am not.

3 Q. Before becoming a senior pastor at Cedar Park,  
4 what did you do before that?

5 A. Over the last 22 years, I have served in  
6 various ministerial positions with Cedar Park, with  
7 youth, young adults, as well as pastoring one of our  
8 campus locations.

9 Q. And who makes the decision for you to be  
10 appointed to those particular positions?

11 A. Each of those positions were in the hiring  
12 discretion of the previous senior pastor.

13 Q. Okay. And what process did you undergo to be  
14 selected as senior pastor with Cedar Park Church?

15 A. It was a process of interviewing with a  
16 selection committee as well as our Board of Directors,  
17 and then, eventually, a process with -- which requires a  
18 vote of our entire membership or congregational body.

19 Q. And that would be Cedar Park, as a whole,  
20 having a vote? Whoever voted would make that decision;  
21 is that right? That ultimate vote you're describing.  
22 I'm just trying to make sure it's Cedar Park's  
23 membership that's making that decision.

24 A. Yes, that's correct. The membership of Cedar  
25 Park has the prerogative to vote on the appointment of a

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1 new senior pastor.

2 Q. What is the senior pastor's relationship with  
3 the Board of Directors?

4 A. The senior pastor serves as the president of  
5 the organization as well as of the Board and works in  
6 cooperation with the official Board in making many  
7 decisions as well as in cooperation with our  
8 congregational vote in making other decisions.

9 Q. Does the senior pastor have veto power of  
10 decisions of the Board of Directors?

11 A. Not as such.

12 Q. Does the Board of Directors theoretically have  
13 veto power over decisions made by the senior pastor?

14 A. Those are not words that are used in our  
15 nomenclature.

16 Q. That's fair.

17 To what extent do those two Assembly of God  
18 organizations review the teachings and views of Cedar  
19 Park?

20 A. There is no official review via denomination  
21 of the teachings of Cedar Park Assembly of God, as such,  
22 but the affiliation is with the minister themselves.

23 Q. And I'm trying to understand, like, if Cedar  
24 Park took a position that's contrary to the position of  
25 one of these affiliations, would there be potentially

1 any consequence to Cedar Park?

2 A. Well, being that the official doctrinal  
3 positions of the Assemblies of God are the official  
4 doctrinal position of Cedar Park Assembly of God, if  
5 there were discrepancies, then that would be a matter of  
6 discipline with the individual minister. And the bylaws  
7 of the church state clearly our agreement with the  
8 doctrinal positions of the denomination.

9 Q. Thank you.

10 Part of what I'm trying to just get out is the  
11 difference or how the Assembly of God Doctrine works  
12 from the affiliates to the church itself to understand  
13 the level of difference that might occur or not occur,  
14 so appreciate it.

15 Do you have any expertise in actuarial analyses?

16 A. No.

17 Q. Do you have any expertise in market economics?

18 A. No.

19 Q. Okay. You listened to Mr. Orcutt describe  
20 what Cedar Park does in its various business  
21 organizations; right?

22 A. Yes.

23 Q. Do you agree with his description of Cedar  
24 Park, the organization, and the testimony that he  
25 provided?

1           A.    Yes.  However, the title of business  
2   organization isn't something that we use broadly to  
3   describe our activities.  As such, we view every  
4   activity of Cedar Park as an official reach of ministry  
5   and of the church.  Even though it may look like  
6   business in the eyes of, you know, a school is a school  
7   is a school, but our underlying mission is the gospel of  
8   Christ.

9           Q.    Well, and thanks for that.

10                I just want to make sure I understand that  
11   there are arms of Cedar Park where they accept payment  
12   for goods and services like school, like the missionary  
13   car program, et cetera; is that correct?

14           A.    To an extent, that is correct, with the  
15   exception, for instance, the missionary car is  
16   exclusively on a donation basis.

17           Q.    Okay.  But you don't dispute that Cedar Park  
18   pays B&O taxes, for example, on -- or sales taxes;  
19   correct?

20           A.    I'll let Mr. Orcutt's response satisfy that  
21   there.

22           Q.    That's all I need.  Thank you.

23                What are Cedar Park's beliefs with respect to  
24   abortion?

25           A.    Cedar Park's beliefs with respect to human

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1 life is that it is indeed created in the image of God  
2 and that any means to harm that life is an affront to  
3 God and to his ways. Specifically, on the issue of  
4 abortion, Cedar Park's beliefs and explicitly-stated  
5 teachings are that abortion itself is a sin and that --  
6 for the reason that it -- it is the harming of an  
7 innocent human life.

8 Q. Okay. Thank you.

9 And is this part of Cedar Park's Doctrine as a  
10 member of the Assembly of God?

11 A. Yes. It is in agreement with the teachings of  
12 the Bible and of the doctrinal statements of the  
13 Assemblies of God.

14 (Exhibit No. 22 marked.)

15 Q. (By Mr. Crisalli) Okay. I have Exhibit 22 in  
16 there, if you'd like to take a look at it.

17 A. There we go.

18 Hold on here. I see all of the previous  
19 exhibits from Mr. Orcutt.

20 Q. Yes.

21 A. Let me see if I can pull that up one more  
22 time.

23 Q. And you may -- or, you know, I won't be  
24 returning back to, I think, any of them unless I bring  
25 them up separately.



1 A. Okay. I have Exhibit 22.

2 Q. Okay. Do you recognize this document?

3 A. Yes.

4 Q. What is this document?

5 A. It is a portion of Cedar Park's Constitution  
6 and Bylaws.

7 Q. Okay. And I take it Page 2 is -- includes  
8 provisions regarding sanctity of human life; is that  
9 correct?

10 A. Yes, that's correct.

11 Q. And would this be where, at least within the  
12 bylaws, you could find the doctrine of Cedar Park with  
13 respect to its views on human life and potentially  
14 abortion?

15 A. Yes.

16 Q. Are there any other provisions that you're  
17 aware of within its bylaws that cover this subject?

18 A. This is the -- the section that abortion  
19 itself is explicitly stated.

20 Q. And do you know if this is identically worded  
21 to what the -- those affiliate organizations might  
22 include as part of their constitution or bylaws?

23 A. I'm not aware of that.

24 Q. Okay. Do you know who wrote this?

25 A. I'm not specifically aware of who penned these

1 exact words.

2 Q. Are you familiar with the process that was  
3 undertaken to adopt these bylaws?

4 A. Broadly, yes.

5 Q. Is it a similar kind of process as used for,  
6 like, selection of a senior pastor where there's a vote  
7 by the membership to adopt these bylaws?

8 A. As far as the original adoption of bylaws, it  
9 would have been an agreement of the founding members.  
10 And as per any changes to those bylaws, a supermajority,  
11 two-thirds majority of the voting body of our members  
12 would be required along with all of the conditional  
13 discussion, debate, and so forth.

14 Q. I'm trying to understand, for Cedar Park, what  
15 does it consider constitutes its doctrine? Is it the  
16 bylaws and constitution?

17 A. The doctrine of the church or, essentially,  
18 the teachings of the church are informed by the  
19 scriptures themselves and they are outlined and  
20 explicitly stated in the documents of the church. But  
21 the constitution and bylaws, as is stated in the  
22 position immediately below our position regarding  
23 sanctity of human life, states that the constitution and  
24 bylaws do not exhaust the extent of our beliefs, but the  
25 Bible itself as the inspired and infallible word of God

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1 that speaks with final authority concerning issues of  
2 truth, morality, and conduct, is the sole and final  
3 source of all that we believe.

4 Q. And the reason why I'm -- do you deliver  
5 sermons at your church?

6 A. I do.

7 Q. Do you consider -- does Cedar Park consider  
8 every sermon you've ever given to be the doctrine of the  
9 church?

10 A. Every sermon is given in light of the doctrine  
11 of the church, and thereby should be in agreement with  
12 the doctrines of the church, but do not carry the same  
13 matters of final authority that the scriptures  
14 themselves, nor even our legal documents of our  
15 constitution and bylaws.

16 Q. Okay. Thank you. I just wanted to draw that  
17 line and make sure I understood when it became doctrine  
18 versus not.

19 Does Cedar Park have a doctrinal view with  
20 respect to contraceptives?

21 A. Inasmuch as contraceptives deal with a formed  
22 human life, our statement on the sanctity of human life  
23 would, as well, inform any teachings that the church  
24 might have on contraceptives themselves.

25 Q. Okay. So in layman's terms, this means that

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1 some -- it believes that some contraceptives constitute  
2 a sin based on how they affect their purpose and others  
3 are not deemed a sin. Would that be a correct  
4 statement?

5 A. The measuring line that we would hold of where  
6 sin comes into the equation wouldn't have much to do  
7 with contraception itself, but has everything to do with  
8 the ending of a fertilized embryo, which, in the  
9 teachings of the scripture and the belief of the church,  
10 is the definition of a life. So life itself is the  
11 measuring line for us rather than contraception  
12 specifically.

13 Q. Okay. Thank you.

14 What are Cedar Park's beliefs with respect to  
15 maternity care?

16 A. That maternity care insofar as it is in  
17 support of human life being that of both the conceived  
18 infant and of the mother and family that she represents  
19 is a moral obligation.

20 Q. And is part of the basis for that belief from  
21 the same provision in the bylaw that we've been talking  
22 about?

23 A. Certainly.

24 Q. Does Cedar Park have any doctrinal beliefs on  
25 whether there should be a regulated free market for

1 goods and services?

2 A. Not specifically, no.

3 Q. What was your involvement in Cedar Park's  
4 procurement of health insurance for its employees  
5 since 2018?

6 A. My involvement was to instruct our CFO and  
7 human resources to gather the best information so that I  
8 could make a final decision as to what plans were going  
9 to be in the best pursuit of caring for our employees in  
10 alignment with our doctrinal beliefs and our  
11 religiously-held convictions.

12 Q. In 2019, were you the individual who  
13 ultimately made the decision whether to purchase Kaiser  
14 Permanente versus Cigna?

15 A. Yes. That decision is in the authority of the  
16 senior pastor.

17 Q. We heard Mr. Orcutt lay out the reasoning in  
18 his deposition as to why Cedar Park purchased a  
19 particular plan in 2019 through 2022. Do you have any  
20 different reasons for why those particular plans were  
21 chosen other than what -- when you made your decision  
22 other than what Mr. Orcutt decided -- or, excuse me --  
23 testified to?

24 A. I agree with the analysis of Mr. Orcutt in his  
25 testimony, and I would add that all of the decisions

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1 that we have made have been in pursuit of what we deem,  
2 based on our doctrinal positions, based on our  
3 understanding of best business practices, would be in  
4 the best interest of Cedar Park and its employees. Yes.

5 (Exhibit No. 23 marked.)

6 Q. (By Mr. Crisalli) In 2019, did you find --  
7 well, I'll just put this in here so it's nice and  
8 simple. I'm putting in Exhibit 23.

9 A. I'm looking at Exhibit 23.

10 Q. All right.

11 (Pause in the proceedings.)

12 THE DEPONENT: Is there a question?

13 Q. (By Mr. Crisalli) I wanted to make sure you had  
14 an opportunity to review.

15 Do you recognize this document?

16 A. I do.

17 Q. And is this a letter with -- dated  
18 July 19, 2019, with your signature at the bottom?

19 A. Yes, it is.

20 Q. And did you write this letter yourself, or did  
21 someone else write it for your signature?

22 A. The letter was the product of my direct  
23 concerns in consulting and working with others.

24 Q. So did you write the letter yourself, or did  
25 someone else write it for you at your direction?

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1           A.    To my recollection, the letter was a  
2 collaborative effort written by myself along with voice  
3 from legal counsel and others.

4           Q.    Okay. And do you recall why this letter was  
5 sent?

6           A.    Yes.

7           Q.    Why is that?

8           A.    It was sent upon discovering that forms of  
9 contraception that we were under the assumption that  
10 were excluded from our plan were, indeed, not excluded  
11 from our plan. And so discovering that, we promptly  
12 made the request to our insurance carrier to exclude  
13 those from our plan, exempt them from our -- our  
14 coverage.

15          Q.    And how did you come to learn that your plan  
16 did not include those exclusions? How did Cedar Park  
17 come to learn that its plan did not include those  
18 exclusions for certain contraceptives?

19          A.    I don't recall the exact happenings of that.  
20 I could review and get back to you on that.

21                               (Exhibit No. 24 marked.)

22          Q.    (By Mr. Crisalli) Okay. Exhibit 24.

23          A.    Okay.

24          Q.    Okay. Do you recognize this document?

25          A.    I do, yes.

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1 Q. Is this a letter dated August 23, 2019, with  
2 your signature at the bottom?

3 A. It is, yes.

4 Q. And do you recall whether you drafted this  
5 letter or whether it was drafted for you for your  
6 signature?

7 A. I believe that I did write this letter.

8 Q. At the bottom -- do you recall why you sent  
9 this letter?

10 A. We sent this letter at the time when we were  
11 needing to renew our insurance plan for the calendar  
12 year ahead, under the knowledge that the previous  
13 understanding that our religious beliefs would allow us  
14 to not include coverage for abortion or abortion-causing  
15 drugs would no longer be possible in any fully insured  
16 plan. Knowing that that was not an option because of  
17 Senate Bill 6219, we had no other choice than to renew  
18 our plan but to do so under protest.

19 Q. Well, were you presented with the options from  
20 Mr. Orcutt for different plans that you could purchase  
21 for 2019?

22 A. I was.

23 Q. Did that include the Cigna plan?

24 A. It did.

25 Q. Taking the last paragraph: "Please consider



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1 this a formal request that Kaiser Permanente separately  
2 pay for the cost of all contraceptives."

3 Did I read that correctly?

4 A. Yes.

5 Q. Do you know whether Cedar Park has ever  
6 utilized the conscience or religious objection for  
7 contraceptives for Kaiser Permanente -- through Kaiser  
8 Permanente?

9 A. Can you clarify the question in terms of the  
10 timeframe that you're referring to?

11 Q. Since 2019, has Cedar Park ever utilized the  
12 religious objection -- its religious objection for all  
13 contraceptives through Kaiser Permanente's plan?

14 A. At this point, I don't believe that we have  
15 for the reason that we do not object to all forms of  
16 contraceptives, merely those that interfere with and  
17 prohibit the development of a fertilized human life.

18 (Exhibit No. 25 marked.)

19 Q. (By Mr. Crisalli) Okay. I'm going to be  
20 changing subjects. So if you want to put these away,  
21 that's fine.

22 I'll go through this more fully, but let's  
23 start with the first page. This is a document entitled  
24 the "Second Amended Verified Complaint for Injunctive  
25 and Declaratory Relief." It's Cedar Park Assembly of

1 God of Kirkland versus Myron "Mike" Kreidler and  
2 Jay Inslee.

3 Do you recognize this pleading at all?

4 A. Yes, I do.

5 Q. If you go down, let's make sure it's the  
6 last -- I believe it's the last page -- not last, of  
7 course. Page 29.

8 Are you down on Page 29?

9 A. Yes.

10 Q. Is that your declaration under penalty of  
11 perjury?

12 A. Yes, that is my signature.

13 Q. Okay. Did you review this document in signing  
14 it -- before signing it?

15 A. Yes, of course.

16 Q. And did you assist in adding or providing  
17 facts that were ultimately put into this document?

18 A. Yes.

19 Q. Okay. Without telling me what you told  
20 counsel, what I'm most focused on is what facts you  
21 provided to -- are in this complaint. And you can speak  
22 generally, if you'd like, at first, and then we can get  
23 into some of the specifics.

24 A. I believe, generally, it would be the biblical  
25 and doctrinal positions, beliefs of Cedar Park Church.

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1 Q. And did you provide any of the information  
2 about, like, what Cedar Park does, or would that have  
3 come through, like, Mr. Orcutt?

4 MR. THERIOT: Objection. Vague.

5 THE DEPONENT: Would you mind rephrasing  
6 that question?

7 Q. (By Mr. Crisalli) Yeah. In looking at, like --  
8 as I read this complaint, I'm assuming -- let me know if  
9 I'm wrong. Like a lot -- the legal analysis is not  
10 coming from you or anyone at Cedar Park that's legal, a  
11 lawyer's legal analysis; right? So I'm looking at the  
12 facts, which begin on Page 5. Is that roughly the first  
13 part where facts provided by Cedar Park appear in this  
14 pleading?

15 A. Yes.

16 Q. Now, does this pleading mention anywhere that  
17 Cedar Park had been considering purchasing a plan from  
18 Cigna?

19 A. Can -- am I understanding you to ask if the --  
20 this amended complaint references a Cigna plan in it?  
21 Is that what your question is?

22 Q. Correct.

23 A. Well, I don't have it memorized, but I  
24 don't -- I don't believe it refers specifically to them  
25 as a carrier.

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1 Q. And going to Page 8, the Paragraph 43, my  
2 understanding from reviewing this is this is the only  
3 discussion of Cedar Park considering an alternative plan  
4 for a health care plan. Is that a fair reading of the  
5 complaint? Do you have any reason to disagree with  
6 that?

7 MR. THERIOT: Objection in that it  
8 calls -- to the extent that it calls for a legal  
9 conclusion.

10 THE DEPONENT: In my understanding, this  
11 paragraph in the complaint is a reference to the --  
12 other than a fully insured plan, which is what we have  
13 and what we have had previous to Senate Bill 6219, which  
14 allowed us to exclude things that were morally  
15 reprehensible to us, the only option available to us  
16 that would allow us to exercise those rights would be a  
17 self-insured -- either fully self-insured or  
18 level-funded plan.

19 So what you read in this paragraph is  
20 what the analysis of what the potential initial  
21 first-year increase of expense with that plan as opposed  
22 to a fully insured plan, which we had previous to there  
23 with religious convictions intact and which we currently  
24 have under the current arrangement which makes those  
25 religious exemptions impossible.

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1 Q. (By Mr. Crisalli) Well, all right. So this  
2 states, second sentence: "It would cost Cedar Park  
3 approximately \$243,125 in additional annual costs to  
4 become self-insured."

5 Do you know where that number came from?

6 MR. THERIOT: Object to the extent it's  
7 outside of the scope of the topics that he's been  
8 designated to.

9 Q. (By Mr. Crisalli) Well, you signed this  
10 document; right?

11 A. The number is on the basis of some analysis  
12 that our broker did at our request based on where in the  
13 year that this was signed, where our current utilization  
14 was, and it was an estimate and analysis of what the  
15 next year under those same assumptions would -- would  
16 cost us additional to what we were paying.

17 Q. Was this number, the \$243,125 in increased  
18 costs referenced only to a self-insured plan provided by  
19 Kaiser Permanente?

20 A. I don't know the specifics of what it was --  
21 which plan it was in reference to.

22 Q. Were you aware at the time of signing this  
23 that Cigna had offered a plan that was cheaper than  
24 Kaiser's plan and would allow for Cedar Park to exercise  
25 its religious objections to abortion and certain

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1     contraceptives?

2             A.     I don't recall that.

3                             (Exhibit Nos. 26 and 27 marked.)

4             Q.     (By Mr. Crisalli) Let's go to Exhibit 26.

5                     All right. I'm doing 26 and 27. They're --  
6     the reason why I have them as two exhibits is because of  
7     how they are in the filing system with the federal  
8     courts, but they're connected documents in that 27 is  
9     the -- should be the exhibit to 26.

10                    Let's start with 26 and we can get to 27 if  
11     it's needed.

12             A.     Okay.

13             Q.     All right. Do you recognize this document?

14             A.     I do.

15             Q.     And is this your declaration signed on  
16     September 13, 2019?

17             A.     Yes, it is.

18             Q.     And in this document, you discuss your  
19     communications with Kaiser Permanente regarding  
20     purchasing a health plan through that carrier; is that  
21     correct?

22             A.     Yes.

23             Q.     And Exhibit A, which is Exhibit 27 to this  
24     deposition, if you want to take a quick look there.

25             A.     Is there a specific portion of that or should

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1 I review the entire document?

2 Q. It's just a brief skim to confirm these are  
3 the emails referenced in your exhibit discussing what  
4 Kaiser's plan would be like with respect to coverage for  
5 abortion services and certain contraceptives.

6 Are you ready?

7 A. Sure, yes.

8 Q. Okay. I didn't know if you were done yet.  
9 I'm sorry.

10 A. Sorry. No, I just finished and was awaiting.

11 Q. Zoom, it's still awkward.

12 Going -- so does -- is Exhibit 27 the emails  
13 discussed in the declaration which is provided as  
14 Exhibit 26?

15 A. Yes.

16 Q. In reviewing Exhibit 26, at any point, does  
17 this declaration mention that Cedar Park had considered  
18 a plan from Cigna for 2019?

19 A. It broadly refers to self-insured plans of  
20 which the level-funded plan offered by Cigna is a form  
21 of self-insurance.

22 Q. But is there any reference in there that this  
23 is -- have you done any analysis to see whether that  
24 243,125 in costs connects to the cost it would be for  
25 Cigna?

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1           A.     I have no reason to doubt that the 243- was on  
2     the best assumptions of our broker as they analyzed what  
3     we put before them.

4           Q.     Did you review, in 2019, the comparison of  
5     benefits and costs that were provided by the broker to  
6     determine whether to purchase Kaiser or Cigna?

7           A.     Yes, in coordination with Mr. Orcutt.

8                     (Exhibit No. 28 marked.)

9           Q.     (By Mr. Crisalli) Okay. I have put in  
10    Exhibit 28. At least this is a shorter version than the  
11    second supplemental -- or second verified complaint, so  
12    if you want to take a quick moment.

13          A.     Okay.

14          Q.     Okay. Is -- on the last page of Exhibit 28,  
15    is that your declaration under penalty of perjury dated  
16    the 2nd day of October 2019?

17          A.     It is.

18          Q.     And did -- do you recall reviewing this  
19    document before signing that?

20          A.     Yes, I do.

21          Q.     And in -- anywhere in this document, does it  
22    reference that Cedar Park considered purchasing Cigna  
23    for 2019 as its health insurance carrier?

24          A.     It does not mention Cigna or any other carrier  
25    that we declined to purchase coverage from.



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1 Q. And my next question: At any point in this,  
2 does it reference that Cedar Park had reviewed and  
3 considered other carriers aside from Cigna or Kaiser  
4 Permanente that would provide plans consistent with its  
5 religious beliefs?

6 A. This document does not state as such.

7 Q. Okay. We can put these to the side so you  
8 don't need to worry about these anymore.

9 What burdens does Cedar Park believe exist  
10 when exercising its religious beliefs when purchasing a  
11 healthcare plan for its employees?

12 MR. THERIOT: Objection. Calls for a  
13 legal conclusion.

14 Q. (By Mr. Crisalli) You may answer.

15 A. The fact that in order to purchase a plan that  
16 meets the needs of our employees, the only option that  
17 we have viable or available to us in the fully insured  
18 plans precludes us from exempting abortion and/or  
19 abortion-causing drugs. It is indeed a great burden to  
20 us. It violates the expression of our understandings of  
21 the Bible and it forces us to make the only choice that  
22 we have is to purchase a plan and to do so under --  
23 under great objection because we have really been  
24 shoehorned into purchasing a product that there was no  
25 other -- no other viable choice.

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1 Q. Does Cedar Park have in its doctrine any  
2 religious tenet which requires it to purchase a fully  
3 insured plan as opposed to any other kind of plan?

4 A. In the official doctrinal statements of the  
5 church, there is no reference to insurance, fully  
6 funded, or otherwise, but it would be an extrapolation  
7 of our understanding of the things needed to support our  
8 moral and doctrinal obligation to support human life.

9 Q. Do you believe -- does Cedar Park believe that  
10 a level-funded plan does not support human life?

11 A. That is not a statement I would make.

12 Q. What religious burden is there on Cedar Park  
13 to have to negotiate, if it has to negotiate with  
14 carriers, in order to conform with its -- for them to  
15 present plans that conform with its religious beliefs?

16 MR. THERIOT: Objection. Vague.

17 THE DEPONENT: I was -- would you mind  
18 restating that question?

19 Q. (By Mr. Crisalli) I'll restate it.

20 A. Sure.

21 Q. Is there any burden to Cedar Park's religious  
22 beliefs in having to negotiate with carriers to develop  
23 a plan that conforms with Cedar Park's religious  
24 objections?

25 A. No. In fact, that's what we've been

1 endeavoring to do for these last four years.

2 Q. Does Cedar Park have a doctrinal or dogmatic  
3 view as to whether it must use a large group health  
4 plan?

5 A. No. And, again, our choice based on large  
6 group plan and/or otherwise is merely in pursuit of the  
7 greatest means for us to support life in a manner that  
8 is consistent with biblical teaching.

9 Q. So you would have the same answer if I were to  
10 ask regarding small health plans, small group health  
11 plans?

12 A. I'm not familiar with the details of small  
13 group health plans. Sorry.

14 Q. Is Cedar Park taking the position that it  
15 cannot exercise its religious views unless all  
16 businesses must provide services consistent with Cedar  
17 Park's religious beliefs?

18 A. No, our -- our argument is not with any  
19 business.

20 Q. Have you ever -- well, strike that.

21 Is Cedar Park aware of any law, statutes or  
22 rule that mandates Cedar Park to use Kaiser Permanente  
23 as its insurance carrier?

24 A. No.

25 MR. CRISALLI: Okay. So let's take

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1 ten minutes so I can go over my notes, and then that  
2 might be it. I might have some follow-up. We'll see.

3 MR. THERIOT: Thanks.

4 THE DEPONENT: Okay.

5 MR. CRISALLI: Thanks. Off the record.

6 (A break was taken from  
7 2:43 p.m. to 2:52 p.m.)

8 Q. (By Mr. Crisalli) Do you understand that you're  
9 still under oath?

10 A. Yes.

11 (Exhibit No. 29 marked.)

12 Q. (By Mr. Crisalli) Okay. I have Exhibit 29, and  
13 do you recall ever seeing this document?

14 A. Yes.

15 Q. When did you -- what's your recollection of  
16 reviewing this document?

17 A. I don't recall a specific time or instance.

18 Q. Okay. And this is an email from Steve Orcutt  
19 to Melissa Knauss and Jami Hansen. I realize you're not  
20 on this, but I'll represent I, during the break, went  
21 through and searched all the discovery in this matter to  
22 determine whether -- where the 243,125 came from, and  
23 this was the only place in the document production from  
24 plaintiffs that I found this number.

25 Do you believe that this might have been the

Page 124

1 source of that number that was in the pleadings? Does  
2 Cedar Park believe -- did Cedar Park base its number for  
3 additional costs of 243,125 from this email?

4 A. I'm not sure that the basis of it would come  
5 from this email. It appears that this email is  
6 referencing a number that Gallagher has confirmed in  
7 their analysis of what self-insurance would cost  
8 additionally.

9 Q. And --

10 A. So --

11 Q. Sorry. Go ahead. I don't want to interrupt  
12 you.

13 A. That was a complete answer.

14 Q. Okay. And this email nowhere describes what  
15 it means to be self-insured let alone who would  
16 administrate it; correct?

17 A. This email does not appear to be a  
18 comprehensive description of self-insurance, no.

19 Q. Okay. Do you know of any other place -- does  
20 Cedar Park know of any other place where this 243,125  
21 might have come from after March 5, 2019?

22 MR. THERIOT: Object to the extent that  
23 it's outside of the scope of what he's been designated  
24 to testify as to.

25 THE DEPONENT: I'm not aware of that.

Page 125

1 MR. CRISALLI: Okay. Those are all the  
2 questions I have. I'm going to leave it open on this  
3 just one -- well, any subsequent issues just because --  
4 but we'll leave it at that.

5 Thank you very much for your time.

6 Do you have any questions, Kevin?

7 MR. THERIOT: I don't have any questions.  
8 I -- actually, let me take five minutes and then come  
9 back. I may have one question.

10 MR. CRISALLI: Okay.

11 (A break was taken from

12 2:56 p.m. to 2:59 p.m.)

13 (Deposition concluded at 2:59 p.m.)

14 (Signature reserved.)

15 --o0o--

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Page 126

## C E R T I F I C A T E

STATE OF ARIZONA )  
 )  
 COUNTY OF MARICOPA )

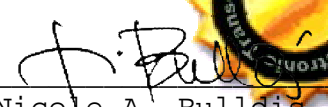
I, Nicole A. Bulldis, RPR, a Certified Court Reporter, do hereby certify under the laws of the State of Washington:

That the foregoing 30(b)(6) deposition upon oral examination of Cedar Park Assembly of God of Kirkland, Washington designee Jason Smith was taken stenographically by me, via Zoom, on November 21, 2022, and transcribed under my direction;

That the witness was duly sworn by me to testify truthfully, and that the transcript of the deposition is full, true, and correct to the best of my ability;

That I am not a relative, employee, or counsel of any party to this action or relative or employee of such counsel, and that I am not financially interested in the said action or the outcome thereof.

IN WITNESS WHEREOF, I have hereunto set my hand this 1st day of December 2022.

  
 Nicole A. Bulldis, RPR  
 WA CCR. No. 3384



# Exhibit C





Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

## Follow up information

3 messages

**Jami Hansen** <Jami\_Hansen@ajg.com>

Wed, Jun 12, 2019 at 8:41 AM

To: Steve Orcutt <steve.o@cedarpark.org>

Cc: Melissa Knauss <melissa.k@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Good morning,

I have confirmed that if you go with Cigna and only offer 1 plan the PPO rates would drop by 1.5%. The fully insured Cigna rates will have the same issue as Kaiser if the abortion law is passed. With Cigna's level funded plan, you can remove coverage for abortions. In addition, Kaiser does not have a higher deductible then what you have currently. Cigna has up to a \$7900 deductible however, because of the HSA rules your out of pocket maximum cannot exceed where you are currently which means you wouldn't be able to increase your deductible any further.

Let me know if you have any questions.

*Jami M. Hansen,*

*Area Vice President*

Health and Welfare Consulting



Insurance | Risk Management | Consulting

777 108th Avenue NE, Suite 200 | Bellevue, WA 98004

P: 425.974.3275 | F: 425.201.2774

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**Melissa Knauss** <melissa.k@cedarpark.org>

Wed, Jun 12, 2019 at 3:14 PM

To: Jami Hansen <Jami\_Hansen@ajg.com>

Cc: Steve Orcutt <steve.o@cedarpark.org>

Hi Jami,

Crisalli Decl., p.0132

Cedar Park 000138

Do you think Kaiser would offer us a better rate if we only went with a PPO too? It's not our first choice of options since the HMO may be responsible for the reduced utilization, but it's worth asking. Also, can you let Steve and I know how the Cigna network compares to the First Choice Network? If we were to go with Cigna we'd want the change to be as seamless as possible for the claimants covered by the PPO.

Thanks,



[Quoted text hidden]

---

**Jami Hansen** <Jami\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>  
Cc: Steve Orcutt <steve.o@cedarpark.org>

Wed, Jun 12, 2019 at 4:46 PM

Hi Melissa!

Unfortunately, eliminating the HMO would eliminate the managed care piece and put greater emphasis on contracted providers. Eliminating the HMO would not decrease the PPO rates. First Choice and Cigna networks are very similar however, anytime you change carriers there may be some disruption.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Jun 12, 2019, at 3:15 PM, Melissa Knauss <melissa.k@cedarpark.org> wrote:

Hi Jami,

Do you think Kaiser would offer us a better rate if we only went with a PPO too? It's not our first choice of options since the HMO may be responsible for the reduced utilization, but it's worth asking. Also, can you let Steve and I know how the Cigna network compares to the First Choice Network? If we were to go with Cigna we'd want the change to be as seamless as possible for the claimants covered by the PPO.

Thanks,



On Wed, Jun 12, 2019 at 8:41 AM Jami Hansen <Jami\_Hansen@ajg.com> wrote:

Good morning,

I have confirmed that if you go with Cigna and only offer 1 plan the PPO rates would drop by 1.5%. The fully insured Cigna rates will have the same issue as Kaiser if the abortion law is passed. With Cigna's level funded plan, you can remove coverage for abortions. In addition, Kaiser does not have a higher deductible than what you have currently. Cigna has up to a \$7900 deductible however, because of the HSA rules your out of pocket maximum cannot exceed where you are currently which means you wouldn't be able to increase your deductible any further.

Let me know if you have any questions.

*Jami M. Hansen,*  
Area Vice President

Health and Welfare Consulting

<image001.png>

[Quoted text hidden]



image001.png  
12K

# Exhibit D



Melissa Knauss <melissa.k@cedarpark.org>

---

## Fwd: Clarification on Abortifacients in Our Current Kaiser Plan

2 messages

---

**Steve Orcutt** <steve.o@cedarpark.org>  
To: Melissa Knauss <melissa.k@cedarpark.org>

Mon, Jun 17, 2019 at 12:37 PM

----- Forwarded message -----

From: **Jami Hansen** <Jami\_Hansen@ajg.com>  
Date: Mon, Jun 17, 2019 at 12:33 PM  
Subject: Re: Clarification on Abortifacients in Our Current Kaiser Plan  
To: Steve Orcutt <steve.o@cedarpark.org>

The current plan does cover IUDs and contraceptives.

The current plan does not cover abortion. I'm double checking on any abortion medications such as the morning after pill as the contracts do not specifically speak to that. However, I have an Email from last year where Kaiser was asking you to confirm your religious exemption. I'll confirm and get back to you!

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Jun 16, 2019, at 9:11 PM, Steve Orcutt <steve.o@cedarpark.org> wrote:

**Be Aware:** You are receiving this e-mail from someone outside of the organization. Do NOT click links or open attachments unless you recognize the sender's e-mail address and know the content is safe.

Hi Jamie sorry to bug you on a Sunday, but I need to clarify one more time what our current Kaiser Plan does NOT cover.

I know we don't cover abortions and we've talked several times about not covering abortifacient medications.

Can you confirm that our plan currently does not cover any of those "morning after" medications? I think sometimes they're called "*emergency contraceptives*".

I know it does cover contraceptives though, correct? Would that include IUDs?

Thanks! Steve.

---

**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Steve Orcutt <steve.o@cedarpark.org>

Tue, Jun 18, 2019 at 5:04 PM

TO Jami. See Below.

All the best,



[Quoted text hidden]

# Exhibit E



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

## Coverage Question

2 messages

Steve Orcutt &lt;steve.o@cedarpark.org&gt;

Tue, Jun 25, 2019 at 2:03 PM

To: Jami Hansen &lt;Jami\_Hansen@ajg.com&gt;

Cc: Melissa Knauss &lt;melissa.k@cedarpark.org&gt;, Melinda Hansen &lt;Melinda\_Hansen@ajg.com&gt;

How long has CP covered Abortifacient medications? Was it just with Kaiser? Or also with Group Health? Thanks. Steve.

On Tue, Jun 25, 2019 at 12:52 PM Jami Hansen <Jami\_Hansen@ajg.com> wrote:

Here is Cigna's legal response for both ASO and Fully Insured business. Let me know if you have any questions.

For a self-funded plan:

- Plans must cover contraceptives under the ACA;
- Under the ACA, an organization that objects to coverage of contraceptives based on religious beliefs or moral objections cannot be required to provide coverage for contraceptives.
- A client that qualifies for a religious or moral exemption (e.g. "eligible organization") must notify Sales who must ensure that the proper indicator is selected in ePRO so that contraceptive benefits can be excluded from their plan, and an accommodation set up, if applicable (see \* below). Only the employer can determine if they qualify for the full exemption. Cigna will not require proof.
- For abortion coverage, the Pregnancy Discrimination Act (PDA) requires the coverage of therapeutic abortions (where the life of the mother is endangered). However, the PDA does not apply to tax exempt church groups. (Cigna's standard policy is to apply these requirements to all plans, including non-ERISA tax-exempt church plans. Upon request of a church plan, coverage of these benefits can be excluded.)

For an insured plan situated in WA:

- Policies must cover maternity care and this includes coverage for abortions;
- Policies must cover contraceptives;
- An employer with a religious or moral tenet opposed to a specific service is not required to purchase coverage for that service if they object for reason of religion or conscience. In other words, an employer may exclude coverage for contraceptives and abortion if that employer objects to providing that coverage due to religious or other beliefs.
- Enrollees shall not be denied coverage to any service excluded from their benefit package as a result of the employer's opposition to providing a specific service.
- Cigna will send a letter to enrollees notifying them of their rights to access these excluded services outside of their plan.

### **\*Eligible Organizations and Optional Contraceptive Accommodation; Disclosure Requirements**

If a fully insured client is eligible for and voluntarily elects an optional contraceptive accommodation (opt out), Cigna will pay for all FDA-approved contraceptive coverage for eligible employees (subscribers and dependents) under a separate contraceptive-only PPO account that is set up for these customers. For self-insured clients, the current administrator for that client must arrange for an insurer to pay for the coverage. In both cases, Cigna will fund the contraceptive coverage regardless of funding type. Cigna will segregate premium revenue collected from the client from the monies used to provide payment for contraceptives.

Cigna will only pay for in-network medical contraceptive procedures and generic prescription contraceptives or brand prescription contraceptives with no generic equivalent or alternative. Out of network medical services and brand prescription drugs that have a generic equivalent or alternative are not covered under these plans.

The client will be responsible for certifying that they will not be covering contraceptives due to their religious or moral beliefs and eligibility for the optional accommodation. If a client elects the accommodation, they will not have the option to pick and choose which contraceptives they will cover and exclude due to the complexity of administering a variable customized benefit for each client. Clients must sign and return the attached self-certification or notify HHS using the attached model notice or other alternate written notification.

Cigna will notify the employees of the eligible clients of the availability of separate payments for contraceptive coverage by providing them with a custom letter substantially similar to the model notice. The notice will be sent to subscribers (and to dependents with privacy restrictions) annually at renewal and to new hires once eligibility has been finalized on the employer's group plan.

Existing clients who are under a current accommodation arrangement may keep or revoke this accommodation. If the client chooses to revoke, Cigna will provide notice to the affected employees explaining that they will no longer have contraceptive coverage through Cigna.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Jun 25, 2019, at 11:30 AM, Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)> wrote:

[EXTERNAL]

Kaiser seems to be quite focused on answering the question they want to answer rather than the one we keep asking.

So I'll ask a different question that hopefully should be simple enough that they can give us a yes or no answer.

1. Under the **Eligible organization** option, is Kaiser currently paying for all contraceptive coverage options for any of their clients. And by "paying for" I mean that all approved contraceptives are paid for 100% by Kaiser, not by the employee (as they are currently being paid for under our present Kaiser policy since no religious employer of eligible organization options are signed and in place.
2. Can you please check with Cigna to see what options we would have with them to exclude abortions and abortifacient but continue to provide all other contraceptives?

Thanks! And of course, I need this ASAP! Steve.

On Mon, Jun 24, 2019 at 4:42 PM Jami Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)> wrote:  
I heard back from Kaiser:

We have provided the definitions for religious employer and eligible organization via previous emails. We do not know the corporate structure of the group and cannot make the determination for the group on whether they are a religious employer or eligible organization.

**Religious employer** is defined to include any nonprofit entity that is described under the existing tax code definition which applies to group health plan houses of worship. This would include a house of worship that operates a soup kitchen or parochial school.

Required to execute a form that certifies that the entity meets the requirements of a full "religious employer" definition to claim the exemption.

**Eligible organization** is a non-profit organization that hold itself out as a religious organization and opposes providing coverage for some or all contraceptive services on account of religious objections. This could include hospitals, universities or other entities with religious affiliations.

Required to execute a form self-certifying the entity qualifies for an accommodation

Let me know if you have any additional questions.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325



On Jun 24, 2019, at 2:14 PM, Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)> wrote:

**Be Aware:** You are receiving this e-mail from someone outside of the organization. Do NOT click links or open attachments unless you recognize the sender's e-mail address and know the content is safe.

Hi Jami,

It sure sounds to me as if *Kaiser* doesn't fully understand what it is asking us to sign, which makes it pretty difficult for *us* to know what we're signing. What do you advise?

All the best,



On Mon, Jun 24, 2019 at 1:13 PM Jami Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)> wrote:  
See below from Kaiser:

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

**Hi Jami –**

**Regarding the questions below, I was able to confirm that KP will not provide legal advice to the group. We cannot answer the questions regarding legal interpretation. I have responded to the questions regarding benefits.**

1) It would seem that all Religious Employers would also be Eligible Organizations but not all Eligible Organizations would be Religious Employers.  
**Please see above**

2) In further clarifying #1, while an Eligible Organization would not have the option of the Religious Employer, it appears that a Religious Employer would have the option of either. **Please see above**

3) It appears that Cedar Park can sign the Eligible Organization without jeopardizing their status as a Religious Employer. Nothing about signing the Eligible Organization form, or within its mentioned CFRs, would cause Cedar Park to inadvertently: **Please see above**

- a) State that Cedar Park *does not qualify* as a Religious Employer.
- b) *Denounce* their Religious Employership.
- c) Effect any other religious exemptions they receive *inside* of medical, such as, but not limited to, their ability to preclude coverage of domestic partners.

d) Effect any other religious exemptions they receive *outside* of medical, such as, but not limited to, the exemptions they receive with regard to hiring decisions under the Equal Employment Opportunity Act.

5.) Does the Eligible Organization Form allow Cedar Park to restrict KFHPWA, as the fully-insured issuer, from covering abortifacients, included Copper IUDs, and abortions? *KPWA is still working to understand the new WA state mandate and the impact it has on groups.*

6.) Does the Eligible Organization Form allow Cedar Park to restrict KFHPWA, as the fully-insured issuer, from covering birth control that is *not* deemed medically necessary? *KPWA is still working to understand the new WA state mandate and the impact it has on groups.*

7.) If the Eligible Organization Form is signed and KFHPWA, as the fully-insured issuer, provides coverage for an item that is not covered under the Cedar Park Assembly of God group plan, and such provision results in an out-of-pocket expense to the claimant, does the out-of-pocket amount go toward the claimants deductible under the Cedar Park Assembly of God group plan? *If a service is not covered it does not count toward deductible or out of pocket max.*

8.) If the Religious Employer Form is signed and a claimant pays out-of-pocket for a precluded item, does *that* amount go toward the claimant's deductible under the Cedar Park Assembly of God group plan? *If a service is not covered it does not count toward deductible or out of pocket max.*

9.) Does the Religious Employer Form allow Cedar Park to provide birth control if it is deemed *medically necessary*? (Abortifacients, included Copper IUDs, and abortions must still be excluded.) *Per earlier conversations coverage is all or nothing. Groups may not pick and choose which preventive birth control services to include and which to exclude. Additionally KPWA is still working to understand the new state mandate, how this impacts large group employer plans and what carriers are required to cover.*

If questions 1 or 2 above are not correct, please also answer these questions as well:

On the bottom half of the Eligible Organization document it states: *Please see above, KPWA cannot advise*

"Note: An organization that offers coverage through the same group health plan as a religious employer **and/or** an eligible organization, and that is part of the same group of corporations as, or under common control with, such employer **and/or** organization, may certify that it holds itself out as a religious organization."

1.) It would appear that the "**and/or**" statements in the Note above would allow a Religious Employer to also be the Eligible Organization. Please describe the error in this logic.

2.) Within that text the Eligible Organization document states an eligible employer is defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); and 45 CFR 147.131(b) and that a Religious Employer is defined in 45 CFR 147.131(a). What factors should Cedar

Park look at that preclude it, or may preclude it, from qualifying as both?

**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

**Sent:** Friday, June 21, 2019 2:13 PM

**To:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>

**Cc:** Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>

**Subject:** More Questions about the forms

**Be Aware:** You are receiving this e-mail from someone outside of the organization. Do NOT click links or open attachments unless you recognize the sender's e-mail address and know the content is safe.

Hi Jami,

Steve and I are still trying to understand the complete ramifications of each form. Thank you for bearing with us as we do. While **we understand that we can and will only sign one form**, we're trying to understand each form from an integrity standpoint as well as the potential consequences of choosing one form over the other. Can you please work with Kaiser's legal team and/or GBS's legal team to **confirm or correct** the following statements and questions?

1) It would seem that all Religious Employers would also be Eligible Organizations but not all Eligible Organizations would be Religious Employers.

2) In further clarifying #1, while an Eligible Organization would not have the option of the Religious Employer, it appears that a Religious Employer would have the option of either.

3) It appears that Cedar Park can sign the Eligible Organization without jeopardizing their status as a Religious Employer. Nothing about signing the Eligible Organization form, or within its mentioned CFRs, would cause Cedar Park to inadvertently:

- a) State that Cedar Park *does not qualify* as a Religious Employer.
- b) *Denounce* their Religious Employership.
- c) Effect any other religious exemptions they receive *inside* of medical, such as, but not limited to, their ability to preclude coverage of domestic partners.
- d) Effect any other religious exemptions they receive *outside* of medical, such as, but not limited to, the exemptions they receive with regard to hiring decisions under the Equal Employment Opportunity Act.

5.) Does the Eligible Organization Form allow Cedar Park to restrict KFHPWA, as the fully-insured issuer, from covering abortifacients, included Copper IUDs, and abortions?

6.) Does the Eligible Organization Form allow Cedar Park to restrict KFHPWA, as the fully-insured issuer, from covering birth control that is *not* deemed medically necessary?

7.) If the Eligible Organization Form is signed and KFHPWA, as the fully-insured issuer, provides coverage for an item that is not covered under the Cedar Park Assembly of God group plan, and such provision results in an out-of-pocket expense to the claimant, does the out-of-pocket amount go toward the claimants deductible under the Cedar Park Assembly of God group plan?

8.) If the Religious Employer Form is signed and a claimant pays out-of-pocket for a precluded item, does *that* amount go toward the claimant's deductible under the Cedar Park Assembly of God group plan?

9.) Does the Religious Employer Form allow Cedar Park to provide birth control if it is deemed *medically necessary*? (Abortifacients, included Copper IUDs, and abortions must still be excluded.)

If questions 1 or 2 above are not correct, please also answer these questions as well:

On the bottom half of the Eligible Organization document it states:

"Note: An organization that offers coverage through the same group health plan as a religious employer **and/or** an eligible organization, and that is part of the same group of corporations as, or under common control with, such employer **and/or** organization, may certify that it holds itself out as a religious organization."

1.) It would appear that the "**and/or**" statements in the Note above would allow a Religious Employer to also be the Eligible Organization. Please describe the error in this logic.

2.) Within that text the Eligible Organization document states an eligible employer is defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); and 45 CFR 147.131(b) and that a Religious Employer is defined in 45 CFR 147.131(a). What factors should Cedar Park look at that preclude it, or may preclude it, from qualifying as both?

Thank you!



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please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

---

**Jami Hansen** <Jami\_Hansen@ajg.com>

Tue, Jun 25, 2019 at 3:23 PM

To: Steve Orcutt <steve.o@cedarpark.org>

Cc: Melissa Knauss <melissa.k@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Hi Steve,

KP/Group health has always covered this.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

[Quoted text hidden]

# Exhibit F



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

## Direct Answers

7 messages

**Melissa Knauss** <melissa.k@cedarpark.org>

Mon, Jul 8, 2019 at 3:48 PM

To: Jami Hansen <Jami\_Hansen@ajg.com>

Cc: Steve Orcutt <steve.o@cedarpark.org>, Melinda Hansen <melinda\_hansen@ajg.com>

Hi Jami,

I know you're working really hard on this and we truly appreciate it. Steve and I are trying to read between the carriers' mumbo-jumbo, legaleese, and just get really clear unequivocal answers. Please ask the carrier(s) to answer the following by selecting Yes or No and providing the details if they select Yes.

### FOR KAISER

Is there anything Cedar Park Assembly of God can do between now and renewal to ensure abortifacient, including Copper IUDs, are excluded from our current 2018-2019 plan?

☐ YES, this is what must be done: \_\_\_\_\_

☐ NO, there is nothing that can be done to exclude abortifacients, including Copper IUDs, from the current 2018-2019 plan based on the information we have at this time.

### FOR KAISER AND CIGNA

Will Cedar Park Assembly of God be able to exclude abortions and abortifacients, including Copper IUDs, while still providing non-abortifacient contraceptives, at renewal for the 2019-2020 plan year?

☐ YES, this is what must be done: \_\_\_\_\_

☐ NO, at renewal for the plan effective 9/2019 you will *not* be able to exclude abortions and abortifacients, including Copper IUDs, while still providing non-abortifacient contraceptives based on the information we have at this time.

All the best,



**Jami Hansen** <Jami\_Hansen@ajg.com>

Mon, Jul 8, 2019 at 4:16 PM

To: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>, Steve Orcutt <steve.o@cedarpark.org>

See below:

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

Begin forwarded message:

**From:** "Croff, Mark R 303" <Mark.Croff@Cigna.com>

**Date:** July 8, 2019 at 4:09:39 PM PDT

**To:** Jami Hansen <Jami\_Hansen@AJG.com>

**Subject:** Re: [External] Fwd: Direct Answers

[EXTERNAL]

Yes. Legal and administrative approval from CIGNA.

**From:** Melissa Knauss <melissa.k@cedarpark.org>

**Date:** July 8, 2019 at 3:48:55 PM PDT

**To:** Jami Hansen <Jami\_Hansen@ajg.com>

**Cc:** Steve Orcutt <steve.o@cedarpark.org>, Melinda Hansen <melinda\_hansen@ajg.com>

Crisall Dec., p.0146

Cedar Park 000200

Subject: Direct Answers

[EXTERNAL]

[Quoted text hidden]

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---

**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Jami Hansen <Jami\_Hansen@ajg.com>  
Cc: Steve Orcutt <steve.o@cedarpark.org>

Mon, Jul 8, 2019 at 4:29 PM

Ok. So Cigna is on board for our 2019 plan year to allow us to exclude our current exclusions plus expand the Plan B exclusion to all  
ages, add Copper IUDs to the exclusion, and exclude any other abortifacients. Thanks, Jami!

All the best,



[Quoted text hidden]

---

**Jami Hansen** <Jami\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>  
Cc: Steve Orcutt <steve.o@cedarpark.org>

Mon, Jul 8, 2019 at 4:33 PM

Correct!

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Jul 8, 2019, at 4:30 PM, Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)> wrote:

[EXTERNAL]

[Quoted text hidden]

---

**Jami Hansen** <Jami\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>, Steve Orcutt <steve.o@cedarpark.org>  
Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>

Mon, Jul 15, 2019 at 10:37 AM

See below from Kaiser:

*Jami M. Hansen,*  
*Area Vice President*

Health and Welfare Consulting





Insurance | Risk Management | Consulting

777 108th Avenue NE, Suite 200 | Bellevue, WA 98004

P: 425.974.3275 | F: 425.201.2774

www.ajg.com



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**From:** Nicole M. Gomez <Nicole.M1.Gomez@kp.org>

**Sent:** Monday, July 15, 2019 10:36 AM

**To:** Jami Hansen <Jami\_Hansen@AJG.com>

**Subject:** RE: Direct Answers

[EXTERNAL]

Hi Jami,

Please see responses below in red.

FOR KAISER

Is there anything Cedar Park Assembly of God can do between now and renewal to ensure abortifacient, including Copper IUDs, are excluded from our current 2018-2019 plan?

[ ] YES, this is what must be done: \_\_\_\_\_

[ ] NO, there is nothing that can be done to exclude abortifacients, including Copper IUDs, from the current 2018-2019 plan based on the information we have at this time. **No, there is nothing that can be done within the 2018-2019 plan year at this time as the group did not self-certify prior to the plan year (2018). KP cannot retroactively make plan changes to 9/1/2018. As a reminder termination of pregnancy (abortion) is not covered by Cedar Park in the 2018 plan year.**

FOR KAISER AND CIGNA

Will Cedar Park Assembly of God be able to exclude abortions and abortifacients, including Copper IUDs, while still providing non-abortifacient contraceptives, at renewal for the 2019-2020 plan year?

[ ] YES, this is what must be done: \_\_\_\_\_

[ ] NO, at renewal for the plan effective 9/2019 you will *not* be able to exclude abortions and abortifacients, including Copper IUDs, while still providing non-abortifacient contraceptives based on the information we have at this time. **At this time KP is waiting for further clarification regarding exclusions of abortions for 2019. KP does have the ability to remove contraceptives. Please note that the group must self-certify prior new plan year 9/1/2019-9/1/2020 in order to remove contraceptives. Removal of contraceptives is all or nothing. KP does not have the ability to carve out specific contraceptives/abortifacient contraceptives at the groups request. If the group self-certifies, the group does not pay for contraceptives within the plan, however KP would cover the cost of all contraceptives for members that were seeking these services.**

**Nicole Nieswand (Gomez)**

Account Manager II, Large Group Sales

**Kaiser Foundation Health Plan of Washington**

601 Union Street, Suite 3100

Seattle, WA 98101

**Office:** 206-448-2845

**Cell:** 206-218-6395

**Email:** Nicole.M1.Gomez@kp.org



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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY:1-800-833-6388 / 711)。

**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

**Date:** July 8, 2019 at 3:48:55 PM PDT

**To:** Jami Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>

**Cc:** Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>, Melinda Hansen <[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)>

**Subject:** Direct Answers

[EXTERNAL]

Hi Jami,

[Quoted text hidden]

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---

**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Steve Orcutt <steve.o@cedarpark.org>

Thu, Jul 18, 2019 at 2:00 PM

[Quoted text hidden]

---

**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Jay Smith <jay.s@cedarpark.org>, Steve Orcutt <steve.o@cedarpark.org>

Thu, Jul 18, 2019 at 2:22 PM

----- Forwarded message -----  
**From: Jami Hansen** <Jami\_Hansen@ajg.com>  
[Quoted text hidden]  
[Quoted text hidden]

# Exhibit G



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

**15 Minute Call Tomorrow Morning @ 9:30?**

6 messages

**Steve Orcutt** <steve.o@cedarpark.org>  
 To: Jami\_Hansen <Jami\_Hansen@ajg.com>  
 Cc: melissa.k@cedarpark.org

Mon, Jul 15, 2019 at 5:44 PM

I appreciate the information from Kaiser, I need to know what they will or will not do depending on whether the Washington state I think it's 6219 is in effect September 1 or if an injunction is granted. I need the same information from Cigna I have to have it in writing from them and we need to talk about whether Jay needs to write another letter to them to get super super super clear answers.

At this point in time if Kaiser is unwilling to give us what we want regarding excluding abortifacients only and CIGNA is, that may make our decision. Thanks Steve

Sent from my iPhone

**Jami Hansen** <Jami\_Hansen@ajg.com>  
 To: Steve Orcutt <steve.o@cedarpark.org>  
 Cc: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>

Mon, Jul 15, 2019 at 5:51 PM

Hi Steve!

We're meeting on Thursday. I sent Melissa both Cigna & Kaiser's response. You're correct, Kaiser is unable to give for sure information at this time until something is final. The only reason Cigna is confirming, is because it's a self funded plan. I have a meeting at 9:30 tomorrow, but can you join our meeting on Thursday?

Jami Hansen  
 Area Vice President  
 Arthur J Gallagher  
 425-891-1325

> On Jul 15, 2019, at 5:44 PM, Steve Orcutt <steve.o@cedarpark.org> wrote:  
 >  
 > [EXTERNAL]  
 [Quoted text hidden]

**Steve Orcutt** <steve.o@cedarpark.org>  
 To: Jami Hansen <Jami\_Hansen@ajg.com>  
 Cc: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>

Mon, Jul 15, 2019 at 6:07 PM

This is extremely important and Thursday is too late. Let me know when you have time for a conference call tomorrow. Steve.

[Quoted text hidden]

**Jami Hansen** <Jami\_Hansen@ajg.com>  
 To: Steve Orcutt <steve.o@cedarpark.org>  
 Cc: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>

Mon, Jul 15, 2019 at 6:29 PM

Can you call me at 11:00? I'll be in my car.

Jami Hansen  
 Area Vice President  
 Arthur J Gallagher  
 425-891-1325

[Quoted text hidden]

**Steve Orcutt** <steve.o@cedarpark.org>  
 To: Jami Hansen <Jami\_Hansen@ajg.com>  
 Cc: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Tue, Jul 16, 2019 at 10:59 AM

Hi Jami - we'll call you at 11:00 on your cell. This is what I need to get from you today so I'm copying Melinda:

Crisalli Decl., p.0152

Cedar Park 000221

1. Drop Dead date for decision on plan to be effective 9/1/19 for Cedar Park.
2. Total dollar amount of paid claims annually for Cedar Park for last 10 years.
3. Number of covered lives that hit pool level annually for Cedar Park for last 10 years.
4. Number of Cedar Park employees on medical plan for last 10 years.
5. Number of covered lives on medical plan for last 10 years.

At Thursday's meeting we want to also discuss these topics:

1. We would like you to schedule separate face to face meeting for us with Kaiser & Cigna to clarify Cedar Park medical plan's coverage of Abortions, abortifacients and copper IUDs as impacted by:
  1. WA 6219 as currently written or
  2. WA 6219 if an injunction is granted delaying implementation of these rules to Cedar Park and
  3. The IRS, DOR & HHS Obamacare rules clarification as it applies to Cedar Park if the Pennsylvania injunction is overturned.
2. Names of Cedar Park employees who have hit pool level in the last 12 months (we can provide a list of terminated employees to Kaiser if needed, because all we want to know is how many pool claims we'd be starting with if we went self insured as of 9/1/19).
3. How would a CIGNA deductible would work from Sept-Dec 2019 if we switched plans from Kaiser. Would everyone start from zero? Or would the Kaiser deductible be counted toward the 2019 CIGNA deductible?
4. How would a Self-Insured deductible would work from Sept-Dec 2019 if we switched plans from Kaiser?
5. How would our 6 month COBRA-type of coverage work for any of our staff currently on the Kaiser plan if we switched to CIGNA or a self insured plan?

Thanks. Steve.

[Quoted text hidden]

---

**Melinda Hansen** <Melinda\_Hansen@ajg.com>

Tue, Jul 16, 2019 at 3:51 PM

To: Steve Orcutt <steve.o@cedarpark.org>, Jami Hansen <Jami\_Hansen@ajg.com>

Cc: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>

Hi Steve and Melissa,

See below for my comments in red.

Let us know if anything else is needed.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Insurance | Risk Management | Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

[www.ajg.com](http://www.ajg.com)

777 – 108<sup>th</sup> Ave NE, Suite 200, Bellevue, WA 98004

Crisalli Decl., p.0153

Cedar Park 000222



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**From:** Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>  
**Sent:** Tuesday, July 16, 2019 10:59 AM  
**To:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
**Cc:** [melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org); Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
**Subject:** Re: 15 Minute Call Tomorrow Morning @ 9:30?

[EXTERNAL]

Hi Jami - we'll call you at 11:00 on your cell. This is what I need to get from you today so I'm copying Melinda:

1. Drop Dead date for decision on plan to be effective 9/1/19 for Cedar Park. If we change to Cigna we would need decisions by this Friday, July 19<sup>th</sup>. If we stay with Kaiser we could go out to July 26<sup>th</sup>.
2. Total dollar amount of paid claims annually for Cedar Park for last 10 years. We will bring data (experience reports) from September 2010 to current to the meeting on Thursday
3. Number of covered lives that hit pool level annually for Cedar Park for last 10 years. We will bring data (experience reports) from September 2010 to current to the meeting on Thursday
4. Number of Cedar Park employees on medical plan for last 10 years. We will bring data (experience reports) from September 2010 to current to the meeting on Thursday
5. Number of covered lives on medical plan for last 10 years. We will bring data (experience reports) from September 2010 to current to the meeting on Thursday

At Thursday's meeting we want to also discuss these topics:

1. We would like you to schedule separate face to face meeting for us with Kaiser & Cigna to clarify Cedar Park medical plan's coverage of Abortions, abortifacients and copper IUDs as impacted by:
  1. WA 6219 as currently written or
  2. WA 6219 if an injunction is granted delaying implementation of these rules to Cedar Park and
  3. The IRS, DOR & HHS Obamacare rules clarification as it applies to Cedar Park if the Pennsylvania injunction is overturned.
2. Names of Cedar Park employees who have hit pool level in the last 12 months (we can provide a list of terminated employees to Kaiser if needed, because all we want to know is how many pool claims we'd be starting with if we went self insured as of 9/1/19).
3. How would a CIGNA deductible work from Sept-Dec 2019 if we switched plans from Kaiser. Would everyone start from zero? Or would the Kaiser deductible be counted toward the 2019 CIGNA deductible? Cigna would give deductible and out of pocket credit.
4. How would a Self-Insured deductible work from Sept-Dec 2019 if we switched plans from Kaiser? Could you clarify? Deductibles would work the same on fully insured as self-insured.
5. How would our 6 month COBRA-type of coverage work for any of our staff currently on the Kaiser plan if we switched to CIGNA or a self insured plan? Cigna would honor the current set up with the 6 month extension.

Thanks. Steve.

[Quoted text hidden]

---



image004.png  
19K



# Exhibit H



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

## Cigna network question

3 messages

**Melissa Knauss** <melissa.k@cedarpark.org>  
 To: Jami Hansen <Jami\_Hansen@ajg.com>  
 Cc: Melinda Hansen <melinda\_hansen@ajg.com>

Tue, Jul 16, 2019 at 3:02 PM

Hi Jami,

We understand moving to Cigna would require all of our HMO employees to lose their providers; what we are trying to determine is the impact on our PPO employees. How does Cigna's network compare to the First Choice Network we have under Kaiser?

All the best,



**Jami Hansen** <Jami\_Hansen@ajg.com>  
 To: Melissa Knauss <melissa.k@cedarpark.org>  
 Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>

Tue, Jul 16, 2019 at 6:54 PM

Hi Melissa!

Cigna has 100% overlap on hospitals, 100% overlap on provider groups, 98% overlap on individual providers. Your members will experience a slightly larger network with Cigna in WA vs First Choice.

Hope that helps!

Jami Hansen  
 Area Vice President  
 Arthur J Gallagher  
 425-891-1325

On Jul 16, 2019, at 3:05 PM, Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)> wrote:

[EXTERNAL]

[Quoted text hidden]

**Melissa Knauss** <melissa.k@cedarpark.org>  
 To: Jami Hansen <Jami\_Hansen@ajg.com>  
 Cc: Steve Orcutt <steve.o@cedarpark.org>

Wed, Jul 17, 2019 at 4:26 PM

Thank you, Jami! That's great to know that very few PPO employees will lose their providers!

All the best,



[Quoted text hidden]

# Exhibit I



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

## Updated Proposal

6 messages

**Jami Hansen** <Jami\_Hansen@ajg.com>

Thu, Jul 18, 2019 at 11:38 AM

To: Steve Orcutt <steve.o@cedarpark.org>, Melissa Knauss <melissa.k@cedarpark.org>

Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>

Here is the updated proposal with the lower Cigna rates.

Jami M. Hansen,  
Area Vice President  
Health and Welfare Consulting

777 108th Avenue NE, Suite 200 | Bellevue, WA 98004  
P: 425.974.3275 | F: 425.201.2774  
[www.ajg.com](http://www.ajg.com)

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 **CPAG\_Proposal\_201909.pdf**  
872K

**Steve Orcutt** <steve.o@cedarpark.org>

Thu, Jul 18, 2019 at 2:46 PM

To: Jami Hansen <Jami\_Hansen@ajg.com>

Cc: Melissa Knauss <melissa.k@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Thanks. Any response from Nicole on specific Kaiser current coverage yet?

RU 486, Plan B, Ella and all generic equivalents and copper IUDs. Thanks! Steve.

[Quoted text hidden]

**Jami Hansen** <Jami\_Hansen@ajg.com>

Thu, Jul 18, 2019 at 4:22 PM

To: Steve Orcutt <steve.o@cedarpark.org>

Cc: Melissa Knauss <melissa.k@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Not yet but she Emailed me saying she's working on it.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Jul 18, 2019, at 2:47 PM, Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)> wrote:

[EXTERNAL]

[Quoted text hidden]

**Melinda Hansen** <Melinda\_Hansen@ajg.com>

Fri, Jul 19, 2019 at 7:47 AM

To: Steve Orcutt <steve.o@cedarpark.org>, Jami Hansen <Jami\_Hansen@ajg.com>

Cc: Melissa Knauss <melissa.k@cedarpark.org>

Hi Steve and Melissa,

Cigna would cover the diabetes prescriptions at 100% as Kaiser does today.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

[www.ajg.com](http://www.ajg.com)

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**From:** Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>

**Sent:** Thursday, July 18, 2019 2:47 PM

**To:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>

**Cc:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>; Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>

**Subject:** Re: Updated Proposal

[EXTERNAL]

[Quoted text hidden]

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image003.png  
19K

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**Steve Orcutt** <steve.o@cedarpark.org>

Fri, Jul 19, 2019 at 7:52 AM

To: Melinda Hansen <Melinda\_Hansen@ajg.com>

Cc: Jami Hansen <Jami\_Hansen@ajg.com>, Melissa Knauss <melissa.k@cedarpark.org>

Super thanks! Were you able to check the whole list from Kaiser? I think it also had high blood pressure medications and was a total of about 100 different preventative medications. Thanks! Steve.

On Jul 19, 2019, at 7:47 AM, Melinda Hansen <Melinda\_Hansen@ajg.com> wrote:

Hi Steve and Melissa,

Cigna would cover the diabetes prescriptions at 100% as Kaiser does today.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting

<image001.png>

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

[www.ajg.com](http://www.ajg.com)

777 – 108<sup>th</sup> Ave NE, Suite 200, Bellevue, WA 98004

<image002.jpg> <image004.png>

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Crisalli Decl., p.0161

Cedar Park 000238

[Quoted text hidden]

**Melinda Hansen** <Melinda\_Hansen@ajg.com>  
To: Steve Orcutt <steve.o@cedarpark.org>  
Cc: Jami Hansen <Jami\_Hansen@ajg.com>, Melissa Knauss <melissa.k@cedarpark.org>

Mon, Jul 22, 2019 at 8:06 AM

Hi Steve,

All preventative prescription on the HSA are covered at 100% at Cigna. The attached two list is favorable to what you have today. These are the standard list and do not reflect any exclusions approvals already made.

Let me know if you have any other questions.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

[www.ajg.com](http://www.ajg.com)

777 – 108<sup>th</sup> Ave NE, Suite 200, Bellevue, WA 98004



[Quoted text hidden]

[Quoted text hidden]

**3 attachments**


**image003.png**  
19K

Crisalli Decl., p.0162

Cedar Park 000239



 Pharmacy%202019%20Generics%20Only%20Preventive%20Drug%20List%20Without%2....pdf  
335K

 Pharmacy%202018%20No%20Cost%20Share%20Preventive%20Drug%20List.pdf  
92K



# Exhibit J



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

**Fwd: Cedar Park Request to Kaiser**

26 messages

**Steve Orcutt** <steve.o@cedarpark.org>  
 To: Jay Smith <jay.s@cedarpark.org>  
 Cc: Melissa Knauss <melissa.k@cedarpark.org>

Mon, Jul 22, 2019 at 2:27 PM

Kaiser letter received by Gallagher & forwarded to Kaiser. Steve.

----- Forwarded message -----  
 From: **Jami Hansen** <Jami\_Hansen@ajg.com>  
 Date: Mon, Jul 22, 2019 at 1:49 PM  
 Subject: Re: Cedar Park Request to Kaiser  
 To: Steve Orcutt <steve.o@cedarpark.org>  
 Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>

Thank you Steve! I'm sending to Kaiser now and Melinda will send to our Compliance Team.

Jami Hansen  
 Area Vice President  
 Arthur J Gallagher  
 425-891-1325

On Jul 22, 2019, at 1:31 PM, Steve Orcutt <steve.o@cedarpark.org> wrote:

[EXTERNAL]

Hi Jami,

Thank you for your assistance to help us clarify Kaiser's position regarding our request to specifically exclude abortifacient medications and copper IUDs (which can be prescribed specifically for use as an abortifacient) from our medical plan with Kaiser.

Based on Nicole's July 16<sup>th</sup> email (below) it is my understanding that Kaiser is stating that we have to choose "all or nothing" regarding contraceptive coverage (excluding abortions). Additionally, Kaiser's July 2<sup>nd</sup> correspondence responding to Pastor Jay's June 27<sup>th</sup> letter stated that "the final regulations Cedar Park Church referenced are not effective in light of the aforementioned nationwide injunction". Therefore, Kaiser will not allow us to exclude abortifacients and copper IUD coverage during the remainder of our current plan year through August 31, 2019.

We have conferred with our legal counsel regarding Federal and State regulations affecting our request and have been assured that the injunction Kaiser referenced in their July 2<sup>nd</sup> correspondence does not apply to Cedar Park because we are a House of Worship. Regulations exempting houses of worship from the contraceptive coverage requirement pre-date the November 15, 2018 regulations and are still currently in force. Therefore, Pastor Jay has drafted the attached letter to Kaiser. In the letter, Cedar Park is requesting that Kaiser immediately exclude abortifacient medications as listed in the letter and copper IUDs from our medical plan based on the currently applicable Federal and State regulations cited in his letter.

Please forward this letter to Kaiser ASAP. Please also forward the letter to Gallagher's compliance and legal department. Can you also please confirm your receipt of this email and when you have forwarded the email to Kaiser? Thanks! Steve.

----- Forwarded message -----  
 From: **Jami Hansen** <Jami\_Hansen@ajg.com>  
 Date: Tue, Jul 16, 2019 at 3:56 PM  
 Subject: Fwd: Transgender Services-Cedar Park

To: [melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org) <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>, Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>  
Cc: Melinda Hansen <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>

From Kaiser:

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

Begin forwarded message:

**From:** "Nicole M. Gomez" <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>  
**Date:** July 16, 2019 at 2:41:29 PM PDT  
**To:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
**Cc:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
**Subject:** RE: Transgender Services-Cedar Park

[EXTERNAL]

Hi Melinda,

Unfortunately not. We cannot carve out specific medications. It is all or nothing. I really appreciate you two being so upfront, we want what is best for the group but we cannot accommodate the request to exclude abortifacients specifically.

**Nicole Nieswand (Gomez)**

Account Manager II, Large Group Sales

**Kaiser Foundation Health Plan of Washington**

601 Union Street, Suite 3100

Seattle, WA 98101

**Office:** 206-448-2845

**Cell:** 206-218-6395

**Email:** [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)



[be\\_kp\\_advocate\\_turquoise](#)

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Crisalli Decl., p.0166

<Kaiser Letter 7-19-2019.pdf.secure>

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 **Kaiser Letter 7-19-2019.pdf**  
364K

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**Steve Orcutt** <steve.o@cedarpark.org>  
To: Melissa Knauss <melissa.k@cedarpark.org>

Tue, Jul 23, 2019 at 8:29 AM

----- Forwarded message -----  
From: **Jami Hansen** <Jami\_Hansen@ajg.com>  
Date: Tue, Jul 23, 2019 at 8:05 AM  
Subject: Re: Cedar Park Request to Kaiser  
To: Steve Orcutt <steve.o@cedarpark.org>  
Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>

Steve,

Per Kaiser: KP does not have the system ability to carve out specific drugs/copper IUDs like the group is requesting below. This part has nothing to do with any regulations, we simply do not have the system capability.

[Quoted text hidden]

---

**Steve Orcutt** <steve.o@cedarpark.org>  
To: Jay Smith <jay.s@cedarpark.org>  
Cc: Melissa Knauss <melissa.k@cedarpark.org>

Tue, Jul 23, 2019 at 2:52 PM

Should have Kaiser legal reply by Thursday. Keep praying! Steve.

----- Forwarded message -----  
From: **Melinda Hansen** <Melinda\_Hansen@ajg.com>  
Date: Tue, Jul 23, 2019 at 2:45 PM  
Subject: RE: Cedar Park Request to Kaiser  
To: Steve Orcutt <steve.o@cedarpark.org>, Jami Hansen <Jami\_Hansen@ajg.com>

Hi Steve,

Yes, Nicole has sent the letter to their legal team. Their goal is to have a response by Thursday. We will provide additional information as soon as possible.

Let us know if you have any other questions.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Insurance | Risk Management | Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

[www.ajg.com](http://www.ajg.com)

777 – 108<sup>th</sup> Ave NE, Suite 200, Bellevue, WA 98004



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**From:** Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>  
**Sent:** Tuesday, July 23, 2019 2:10 PM  
**To:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
**Cc:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
**Subject:** Re: Cedar Park Request to Kaiser

[EXTERNAL]

Thanks Jami, this looks like Nicole's response to my email. Will we be getting a response from KP legal like we did to Pastor Jay's letter last time? Thanks. Steve.

[Quoted text hidden]

Steve,

[Quoted text hidden]

[EXTERNAL]

[Quoted text hidden]  
[Quoted text hidden]  
[Quoted text hidden]

[EXTERNAL]

[Quoted text hidden]  
[Quoted text hidden]

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---

<Kaiser Letter 7-19-2019.pdf.secure>



image003.png  
19K

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**Steve Orcutt** <steve.o@cedarpark.org>  
To: Melissa Knauss <melissa.k@cedarpark.org>

Thu, Jul 25, 2019 at 5:57 PM

FYI

----- Forwarded message -----  
From: **Melinda Hansen** <Melinda\_Hansen@ajg.com>  
Date: Thu, Jul 25, 2019 at 3:38 PM  
Subject: RE: Cedar Park Request to Kaiser  
To: Steve Orcutt <steve.o@cedarpark.org>  
Cc: Jami Hansen <Jami\_Hansen@ajg.com>

Hi Steve,

Kaiser will be having a second meeting on Monday with their leadership team to discuss your letter. They did meet today, but decided leadership oversight was needed. We should have additional information at that time.

Let us know if you have any other questions.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

[www.ajg.com](http://www.ajg.com)

777 – 108<sup>th</sup> Ave NE, Suite 200, Bellevue, WA 98004



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---

**From:** Melinda Hansen

**Sent:** Tuesday, July 23, 2019 2:46 PM

**To:** 'Steve Orcutt' <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>; Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>

**Subject:** RE: Cedar Park Request to Kaiser

Hi Steve,

[Quoted text hidden]



image007.png  
19K

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**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Steve Orcutt <steve.o@cedarpark.org>

Fri, Jul 26, 2019 at 8:10 AM

Hmmm....so hopefully we'll know something by late on Monday?

All the best,



[Quoted text hidden]

---

**Steve Orcutt** <steve.o@cedarpark.org>  
To: Melinda Hansen <Melinda\_Hansen@ajg.com>  
Cc: Jami Hansen <Jami\_Hansen@ajg.com>

Tue, Jul 30, 2019 at 1:02 PM

Any update? Thanks. Steve.

On Jul 25, 2019, at 6:38 PM, Melinda Hansen <Melinda\_Hansen@ajg.com> wrote:

Hi Steve,

Kaiser will be having a second meeting on Monday with their leadership team to discuss your letter. They did meet today, but decided leadership oversight was needed. We should have additional information at that time.

Let us know if you have any other questions.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting

<image005.png>

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)



www.ajg.com

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---

**From:** Melinda Hansen

**Sent:** Tuesday, July 23, 2019 2:46 PM

**To:** 'Steve Orcutt' <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>; Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>

**Subject:** RE: Cedar Park Request to Kaiser

Hi Steve,

Yes, Nicole has sent the letter to their legal team. Their goal is to have a response by Thursday. We will provide additional information as soon as possible.

Let us know if you have any other questions.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting

<image009.png>

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

www.ajg.com

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[Quoted text hidden]

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**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Jami Hansen <Jami\_Hansen@ajg.com>  
Cc: Steve Orcutt <steve.o@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Mon, Aug 5, 2019 at 2:27 PM

Hi Jami,

When can we expect a response from Kaiser on the letter? It is getting awful close to when I normally start open enrollment and their response is what is holding things up right now. Thanks!

All the best,



[Quoted text hidden]

---

**Jami Hansen** <Jami\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>  
Cc: Steve Orcutt <steve.o@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Mon, Aug 5, 2019 at 3:14 PM

I'm checking again right now!

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Aug 5, 2019, at 2:28 PM, Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)> wrote:

[EXTERNAL]

[Quoted text hidden]

---

**Jami Hansen** <Jami\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>  
Cc: Steve Orcutt <steve.o@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Tue, Aug 6, 2019 at 7:23 AM

Hi Melissa,

Kaiser said we will have an answer today or tomorrow. I'll stay on top of this and let you know as soon as I hear anything.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Aug 5, 2019, at 2:28 PM, Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)> wrote:

[EXTERNAL]

[Quoted text hidden]

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**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Jami Hansen <Jami\_Hansen@ajg.com>

Tue, Aug 6, 2019 at 9:00 AM

Awesome! Thank you!

[Quoted text hidden]

Jami Hansen <Jami\_Hansen@ajg.com>

Tue, Aug 6, 2019 at 3:54 PM

To: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>, Steve Orcutt <steve.o@cedarpark.org>

Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>

See below: this is really frustrating and I have elevated it again but I don't think it will matter.

Let me know if you have any questions.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

Begin forwarded message:

**From:** "Nicole M. Gomez" <Nicole.M1.Gomez@kp.org>

**Date:** August 6, 2019 at 3:46:18 PM PDT

**To:** Jami Hansen <Jami\_Hansen@AJG.com>

**Cc:** Melinda Hansen <Melinda\_Hansen@AJG.com>, "Keva K. Peairs" <Keva.K.Peairs@kp.org>

**Subject: RE: Cedar Park Request to Kaiser**

[EXTERNAL]

Hi Jami,

Please see KP's response below. As you can see, we do not have an additional update regarding the exclusion of abortion at this time, however I wanted to provide a response as the group has requested an update and because we are very close to the renewal date.

Contraceptive carve out:

- KP does not have the **system capability** at this time to carve out only specific contraceptives (copper IUD/plan B etc.). KP is however able (upon Cedar Park's request) to carve out the cost of all contraceptive services from Cedar Park's plan such that KP will separately pay the cost of such contraceptives.
- The group may formally request in writing that KP separately pay for the cost of all contraceptives that may be accessed by enrollees of the Cedar Park plan.
- KP would cover and pay for contraceptives for member's wishing to utilize these services.
- Cedar Park would NOT pay for these services via their premiums, KP would cover the cost of contraceptives.

Exclude Abortion:

- KP cannot provide an update at this time.
- Please note that KP is currently drafting a group-facing document on this topic, which we hope to share shortly.

**Nicole Nieswand (Gomez)**

Account Manager II, Large Group Sales

**Kaiser Foundation Health Plan of Washington**

601 Union Street, Suite 3100

Seattle, WA 98101

Crisalli Decl., p.0174

Cedar Park 000253

Office: 206-448-2845

Cell: 206-218-6395

Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)



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**Melissa Knauss** <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>  
To: Jami Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>

Tue, Aug 6, 2019 at 4:18 PM

Hi Jami,

One of the main concerns some individuals have is that if Kaiser pays for abortions and contraceptives they will essentially charge us for those next year in premium increases and thus we WILL be paying for those things in essence. Can you speak to that?

All the best,



[Quoted text hidden]

---

**Jami Hansen** <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>  
To: Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

Tue, Aug 6, 2019 at 4:23 PM

Honestly, contraceptives won't even register in claims dollars. Abortions are also so limited in how many are done and the dollar amount isn't considered a high claim. If that was the only concern, I wouldn't worry about it however, I know the concern is bigger than that.

Let me know if you have any questions.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Aug 6, 2019, at 4:18 PM, Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)> wrote:

[EXTERNAL]

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[EXTERNAL]

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[Quoted text hidden]

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4K

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**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Jami Hansen <Jami\_Hansen@ajg.com>

Wed, Aug 7, 2019 at 8:25 AM

Thank you, Jami. You're right the concern is much greater than cost but if we're in an All or Nothing situation it's good information to have.

All the best,



[Quoted text hidden]

---

**Jami Hansen** <Jami\_Hansen@ajg.com>  
To: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>

Thu, Aug 15, 2019 at 1:29 PM

Is this what you're looking for?

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

---

**From:** Nicole M. Gomez <Nicole.M1.Gomez@kp.org>  
**Sent:** Tuesday, August 6, 2019 3:46 PM  
**To:** Jami Hansen <Jami\_Hansen@AJG.com>  
**Cc:** Melinda Hansen <Melinda\_Hansen@AJG.com>; Keva K. Peairs <Keva.K.Peairs@kp.org>  
**Subject:** RE: Cedar Park Request to Kaiser

[EXTERNAL]

Hi Jami,

Please see KP's response below. As you can see, we do not have an additional update regarding the exclusion of abortion at this time, however I wanted to provide a response as the group has requested an update and because we are very close to the renewal date.

Contraceptive carve out:

- KP does not have the **system capability** at this time to carve out only specific contraceptives (copper IUD/plan B etc.). KP is however able (upon Cedar Park's request) to carve out the cost of all contraceptive services from Cedar Park's plan such that KP will separately pay the cost of such contraceptives.

Crisalli Decl., p.0176

Cedar Park 000255

- The group may formally request in writing that KP separately pay for the cost of all contraceptives that may be accessed by enrollees of the Cedar Park plan.
- KP would cover and pay for contraceptives for member's wishing to utilize these services.
- Cedar Park would NOT pay for these services via their premiums, KP would cover the cost of contraceptives.

Exclude Abortion:

- KP cannot provide an update at this time.
- Please note that KP is currently drafting a group-facing document on this topic, which we hope to share shortly.

**Nicole Nieswand (Gomez)**

Account Manager II, Large Group Sales

**Kaiser Foundation Health Plan of Washington**

601 Union Street, Suite 3100

Seattle, WA 98101

**Office:** 206-448-2845

**Cell:** 206-218-6395

**Email:** [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)



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---

**From:** Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>

**Date:** July 22, 2019 at 1:30:59 PM PDT

**To:** Jami\_Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>

Crisalli Decl., p.0177

**Cc:** Melinda Hansen <Melinda\_Hansen@ajg.com>  
**Subject:** Cedar Park Request to Kaiser

[EXTERNAL]

Hi Jami,

Thank you for your assistance to help us clarify Kaiser's position regarding our request to specifically exclude abortifacient medications and copper IUDs (which can be prescribed specifically for use as an abortifacient) from our medical plan with Kaiser.

Based on Nicole's July 16<sup>th</sup> email (below) it is my understanding that Kaiser is stating that we have to choose "all or nothing" regarding contraceptive coverage (excluding abortions). Additionally, Kaiser's July 2<sup>nd</sup> correspondence responding to Pastor Jay's June 27<sup>th</sup> letter stated that "the final regulations Cedar Park Church referenced are not effective in light of the aforementioned nationwide injunction". Therefore, Kaiser will not allow us to exclude abortifacients and copper IUD coverage during the remainder of our current plan year through August 31, 2019.

We have conferred with our legal counsel regarding Federal and State regulations affecting our request and have been assured that the injunction Kaiser referenced in their July 2<sup>nd</sup> correspondence does not apply to Cedar Park because we are a House of Worship. Regulations exempting houses of worship from the contraceptive coverage requirement pre-date the November 15, 2018 regulations and are still currently in force. Therefore, Pastor Jay has drafted the attached letter to Kaiser. In the letter, Cedar Park is requesting that Kaiser immediately exclude abortifacient medications as listed in the letter and copper IUDs from our medical plan based on the currently applicable Federal and State regulations cited in his letter.

Please forward this letter to Kaiser ASAP. Please also forward the letter to Gallagher's compliance and legal department. Can you also please confirm your receipt of this email and when you have forwarded the email to Kaiser? Thanks! Steve.

----- Forwarded message -----

**From:** Jami Hansen <Jami\_Hansen@ajg.com>  
**Date:** Tue, Jul 16, 2019 at 3:56 PM  
**Subject:** Fwd: Transgender Services-Cedar Park  
**To:** melissa.k@cedarpark.org <melissa.k@cedarpark.org>, Steve Orcutt <steve.o@cedarpark.org>  
**Cc:** Melinda Hansen <Melinda\_Hansen@ajg.com>

From Kaiser:

Jami Hansen

Area Vice President

Arthur J Gallagher

425-891-1325

Begin forwarded message:

**From:** "Nicole M. Gomez" <Nicole.M1.Gomez@kp.org>  
**Date:** July 16, 2019 at 2:41:29 PM PDT  
**To:** Melinda Hansen <Melinda\_Hansen@AJG.com>  
**Cc:** Jami Hansen <Jami\_Hansen@AJG.com>  
**Subject:** RE: Transgender Services-Cedar Park

Crisalli Decl., p.0178

[EXTERNAL]

Hi Melinda,

Unfortunately not. We cannot carve out specific medications. It is all or nothing. I really appreciate you two being so upfront, we want what is best for the group but we cannot accommodate the request to exclude abortifacients specifically.

**Nicole Nieswand (Gomez)**

Account Manager II, Large Group Sales

**Kaiser Foundation Health Plan of Washington**

601 Union Street, Suite 3100

Seattle, WA 98101

**Office:** 206-448-2845

**Cell:** 206-218-6395

**Email:** [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)

 [be\\_kp\\_advocate\\_turquoise](#)

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**Melissa Knauss** <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>  
To: Jami Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>

Thu, Aug 15, 2019 at 1:52 PM

Hi Jami,



No, we're looking for the one where they say,

"The current exclusion cannot continue as is. This is a state mandated change- which we are still interpreting. KP was stating that they could not provide more updates regarding abortion exclusions and whether or not we could find a solution to requested exclusion at this time. KP is working hard to understand what we can and cannot do for fully insured groups. As of now we don't have an update on exclusion, therefore if the group renews they would be renew WITH an abortion benefit. "

All the best,



[Quoted text hidden]

---

**Jami Hansen** <Jami\_Hansen@ajg.com>  
To: "melissa.k@cedarpark.org" <melissa.k@cedarpark.org>  
Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>

Thu, Aug 15, 2019 at 2:13 PM

Let me know if this is what you're looking for:

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

**From:** "Nicole M. Gomez" <Nicole.M1.Gomez@kp.org>  
**Date:** August 15, 2019 at 2:02:48 PM PDT  
**To:** Jami Hansen <Jami\_Hansen@AJG.com>  
**Subject:** RE: Cedar Park Request to Kaiser

[EXTERNAL]

Hi Jami,

Please see attached. Also please note that my latest update was sent 8/14 where KP had stated that KP will not be accommodating any abortion exclusions for fully insured groups. Upon review of SSB 6219, fully insured health plans issued after 1/1/2019 that cover maternity care or services must cover substantially equivalent coverage for abortion.

[Quoted text hidden]

----- Forwarded message -----

From: "Nicole M. Gomez" <Nicole.M1.Gomez@kp.org>  
To: Melinda Hansen <Melinda\_Hansen@ajg.com>  
Cc: Jami Hansen <Jami\_Hansen@ajg.com>  
Bcc:  
Date: Tue, 13 Aug 2019 20:56:25 +0000  
Subject: RE: Cedar Park  
Hi Melinda,

Sorry for the back and forth but I want to be super clear on this one as it has been a sensitive renewal.

- \* Currently the group covers all contraceptives (this includes copper IUD, plan b, etc.)
- \* Currently in 2018 the group excludes abortion, in 2019 the group may no longer have the abortion exclusion rider until we hear otherwise from our legal/compliance department. Email sent last week attached for reference

- \* KP cannot provide an update at this time.

\* Please note that KP is currently drafting a group-facing document on this topic, which we hope to share shortly.

The rates and benefits sent in the renewal email do not include the abortion exclusion rider. Can you verify exactly how the group is intending to renew? Are they renewing with the fully insured rates and benefits that currently do NOT exclude abortion?

Thank you!

Nicole Nieswand (Gomez)

Account Manager II, Large Group Sales

Kaiser Foundation Health Plan of Washington

601 Union Street, Suite 3100

Seattle, WA 98101

Office: 206-448-2845

Cell: 206-218-6395

Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>

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From: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
Sent: Tuesday, August 13, 2019 1:30 PM  
To: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>  
Cc: Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
Subject: RE: Cedar Park

Hi Nicole,

Renewing as is, so no benefit changes. They currently do not cover abortions or the one prescription for abortions-this will remain as is.

Melinda Hansen Client Manager

Health & Welfare Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)<[mailto:melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)>

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From: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<<mailto:Nicole.M1.Gomez@kp.org>>>  
Sent: Tuesday, August 13, 2019 12:57 PM  
To: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)<[mailto:Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>>; Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)<[mailto:Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>>  
Cc: Heejin Kim <[Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)<[mailto:Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)>>  
Subject: RE: Cedar Park

[EXTERNAL]

Hi Jami and Melinda,

Great news! Just to make sure I understand, the group has chosen to renew with KP as is (no benefit changes)? What is the group's current status of their contraceptive ask/abortion exclusion ask? Are they utilizing a wait and see approach?

I was under the impression they might move carriers, so wanted to get feedback if possible.

Thanks!!

Nicole Nieswand (Gomez)

Account Manager II, Large Group Sales

Kaiser Foundation Health Plan of Washington

601 Union Street, Suite 3100

Seattle, WA 98101

Office: 206-448-2845

Cell: 206-218-6395

Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>

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From: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)<mailto:[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>>  
Sent: Tuesday, August 13, 2019 12:21 PM  
To: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>>  
Cc: Heejin Kim <[Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)<mailto:[Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)>>  
Subject: Cedar Park

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\_\_\_\_\_  
Hi Nicole,

We will get you the official renewal letter, but Cedar Park will be renewing with Kaiser. Renewing as is with the two plans they currently have. I have cc'd Heejin (client coordinator) on this email as she will be sending the renewal letter to you. Can you please send us any paperwork that will need to be completed?

Thank you!

Melinda Hansen Client Manager

Health & Welfare Consulting

Direct 425.974.4459 | fax: 425.201.2730

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[www.ajg.com](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ajg.com_&d=DwMFAg&c=V-WiB07a9ZG9AUogGPqIYBXfVnjryhYX1W_SjITv1Oo&r=iOgizl302gAyCixDupKMPum_SmUCP3hHI-FQAHmJD4&m=fEMTnXxtJOEOcmKS9LDzfUq1_APwriEK292s7r-QjHU&s=XbUxDhXpETRO7jan0u-26Q3mUu_6IL1tjCPyLQj3fYw&e=>)<[https://urldefense.proofpoint.com/v2/url?u=http-3A\\_\\_www.ajg.com\\_&d=DwMFAg&c=V-WiB07a9ZG9AUogGPqIYBXfVnjryhYX1W\\_SjITv1Oo&r=iOgizl302gAyCixDupKMPum\\_SmUCP3hHI-FQAHmJD4&m=fEMTnXxtJOEOcmKS9LDzfUq1\\_APwriEK292s7r-QjHU&s=XbUxDhXpETRO7jan0u-26Q3mUu\\_6IL1tjCPyLQj3fYw&e=>](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ajg.com_&d=DwMFAg&c=V-WiB07a9ZG9AUogGPqIYBXfVnjryhYX1W_SjITv1Oo&r=iOgizl302gAyCixDupKMPum_SmUCP3hHI-FQAHmJD4&m=fEMTnXxtJOEOcmKS9LDzfUq1_APwriEK292s7r-QjHU&s=XbUxDhXpETRO7jan0u-26Q3mUu_6IL1tjCPyLQj3fYw&e=>)>

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Hi Melinda,

Sorry for the back and forth but I want to be super clear on this one as it has been a sensitive renewal.

- Currently the group covers all contraceptives (this includes copper IUD, plan b, etc.)
- Currently in 2018 the group excludes abortion, in 2019 the group may no longer have the abortion exclusion rider until we hear otherwise from our legal/compliance department. Email sent last week attached for reference
  - KP cannot provide an update at this time.
  - Please note that KP is currently drafting a group-facing document on this topic, which we hope to share shortly.

The rates and benefits sent in the renewal email do not include the abortion exclusion rider. Can you verify exactly how the group is intending to renew? Are they renewing with the fully insured rates and benefits that currently do NOT exclude abortion?

Thank you!

**Nicole Nieswand (Gomez)**

Account Manager II, Large Group Sales

**Kaiser Foundation Health Plan of Washington**

601 Union Street, Suite 3100

Seattle, WA 98101

**Office:** 206-448-2845

**Cell:** 206-218-6395

**Email:** [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)



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**Sent:** Tuesday, August 13, 2019 1:30 PM

**To:** Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>

**Cc:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>

**Subject:** RE: Cedar Park

Hi Nicole,

Renewing as is, so no benefit changes. They currently do not cover abortions or the one prescription for abortions-this will remain as is.

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Direct 425.974.4459 | fax: 425.201.2730

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**From:** Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>  
**Sent:** Tuesday, August 13, 2019 12:57 PM  
**To:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>; Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
**Cc:** Heejin Kim <[Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)>  
**Subject:** RE: Cedar Park

[EXTERNAL]

Hi Jami and Melinda,

Great news! Just to make sure I understand, the group has chosen to renew with KP as is (no benefit changes)? What is the group's current status of their contraceptive ask/abortion exclusion ask? Are they utilizing a wait and see approach?

I was under the impression they might move carriers, so wanted to get feedback if possible.

Thanks!!

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**Sent:** Tuesday, August 13, 2019 12:21 PM  
**To:** Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>  
**Cc:** Heejin Kim <[Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)>  
**Subject:** Cedar Park

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Hi Nicole,

We will get you the official renewal letter, but Cedar Park will be renewing with Kaiser. Renewing as is with the two plans they currently have. I have cc'd Heejin (client coordinator) on this email as she will be sending the renewal letter to you. Can you please send us any paperwork that will need to be completed?

Thank you!

**Melinda Hansen** Client Manager

Health & Welfare Consulting





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----- Forwarded message -----

From: "Nicole M. Gomez" <Nicole.M1.Gomez@kp.org>  
To: Jami Hansen <Jami\_Hansen@ajg.com>  
Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>, "Keva K. Peairs" <Keva.K.Peairs@kp.org>  
Bcc:  
Date: Tue, 6 Aug 2019 22:46:18 +0000  
Subject: RE: Cedar Park Request to Kaiser  
Hi Jami,

Please see KP's response below. As you can see, we do not have an additional update regarding the exclusion of abortion at this time, however I wanted to provide a response as the group has requested an update and because we are very close to the renewal date.

Contraceptive carve out:

- \* KP does not have the system capability at this time to carve out only specific contraceptives (copper IUD/plan B etc.). KP is however able (upon Cedar Park's request) to carve out the cost of all contraceptive services from Cedar Park's plan such that KP will separately pay the cost of such contraceptives.
- \* The group may formally request in writing that KP separately pay for the cost of all contraceptives that may be accessed by enrollees of the Cedar Park plan.
- \* KP would cover and pay for contraceptives for member's wishing to utilize these services.
- \* Cedar Park would NOT pay for these services via their premiums, KP would cover the cost of contraceptives.

Exclude Abortion:

- \* KP cannot provide an update at this time.
- \* Please note that KP is currently drafting a group-facing document on this topic, which we hope to share shortly.

Account Manager II, Large Group Sales

Kaiser Foundation Health Plan of Washington

601 Union Street, Suite 3100

Seattle, WA 98101

Office: 206-448-2845

Cell: 206-218-6395

Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>

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From: Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
Sent: Monday, July 22, 2019 1:50 PM  
To: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>  
Cc: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
Subject: Fwd: Cedar Park Request to Kaiser

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---

See below:

Jami Hansen

Area Vice President

Arthur J Gallagher

425-891-1325

Begin forwarded message:

From: Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)<mailto:[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>>  
Date: July 22, 2019 at 1:30:59 PM PDT  
To: Jami\_Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)<mailto:[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>>  
Crisalli Decl., p.0189

Cedar Park 000268

Cc: Melinda Hansen <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)<mailto:Melinda\_Hansen@ajg.com>>  
Subject: Cedar Park Request to Kaiser

[EXTERNAL]

Hi Jami,

Thank you for your assistance to help us clarify Kaiser's position regarding our request to specifically exclude abortifacient medications and copper IUDs (which can be prescribed specifically for use as an abortifacient) from our medical plan with Kaiser.

Based on Nicole's July 16th email (below) it is my understanding that Kaiser is stating that we have to choose "all or nothing" regarding contraceptive coverage (excluding abortions). Additionally, Kaiser's July 2nd correspondence responding to Pastor Jay's June 27th letter stated that "the final regulations Cedar Park Church referenced are not effective in light of the aforementioned nationwide injunction". Therefore, Kaiser will not allow us to exclude abortifacients and copper IUD coverage during the remainder of our current plan year through August 31, 2019.

We have conferred with our legal counsel regarding Federal and State regulations affecting our request and have been assured that the injunction Kaiser referenced in their July 2nd correspondence does not apply to Cedar Park because we are a House of Worship. Regulations exempting houses of worship from the contraceptive coverage requirement pre-date the November 15, 2018 regulations and are still currently in force. Therefore, Pastor Jay has drafted the attached letter to Kaiser. In the letter, Cedar Park is requesting that Kaiser immediately exclude abortifacient medications as listed in the letter and copper IUDs from our medical plan based on the currently applicable Federal and State regulations cited in his letter.

Please forward this letter to Kaiser ASAP. Please also forward the letter to Gallagher's compliance and legal department. Can you also please confirm your receipt of this email and when you have forwarded the email to Kaiser? Thanks! Steve.

----- Forwarded message -----

From: Jami Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)<mailto:Jami\_Hansen@ajg.com>>  
Date: Tue, Jul 16, 2019 at 3:56 PM  
Subject: Fwd: Transgender Services-Cedar Park  
To: [melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)<mailto:melissa.k@cedarpark.org> <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)<mailto:melissa.k@cedarpark.org>>, Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)<mailto:steve.o@cedarpark.org>>  
Cc: Melinda Hansen <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)<mailto:Melinda\_Hansen@ajg.com>>

From Kaiser:

Jami Hansen

Area Vice President

Arthur J Gallagher

425-891-1325

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Date: July 16, 2019 at 2:41:29 PM PDT  
To: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)<mailto:Melinda\_Hansen@AJG.com>>  
Cc: Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)<mailto:Jami\_Hansen@AJG.com>>  
Subject: RE: Transgender Services-Cedar Park

[EXTERNAL]

Hi Melinda,

Unfortunately not. We cannot carve out specific medications. It is all or nothing. I really appreciate you two being so upfront, we want what is best for the group but we cannot accommodate the request to exclude abortifacients specifically.

Nicole Nieswand (Gomez)

Account Manager II, Large Group Sales

Kaiser Foundation Health Plan of Washington

601 Union Street, Suite 3100

Seattle, WA 98101

Office: 206-448-2845

Cell: 206-218-6395

Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:Nicole.M1.Gomez@kp.org>

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Hi Jami,

Please see KP's response below. As you can see, we do not have an additional update regarding the exclusion of abortion at this time, however I wanted to provide a response as the group has requested an update and because we are very close to the renewal date.

Contraceptive carve out:

- KP does not have the **system capability** at this time to carve out only specific contraceptives (copper IUD/plan B etc.). KP is however able (upon Cedar Park's request) to carve out the cost of all contraceptive services from Cedar Park's plan such that KP will separately pay the cost of such contraceptives. Crisalli Decl., p.0191

- The group may formally request in writing that KP separately pay for the cost of all contraceptives that may be accessed by enrollees of the Cedar Park plan.
- KP would cover and pay for contraceptives for member's wishing to utilize these services.
- Cedar Park would NOT pay for these services via their premiums, KP would cover the cost of contraceptives.

Exclude Abortion:

- KP cannot provide an update at this time.
- Please note that KP is currently drafting a group-facing document on this topic, which we hope to share shortly.

**Nicole Nieswand (Gomez)**

Account Manager II, Large Group Sales

**Kaiser Foundation Health Plan of Washington**

601 Union Street, Suite 3100

Seattle, WA 98101

**Office:** 206-448-2845

**Cell:** 206-218-6395

**Email:** [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)



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---

**From:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
**Sent:** Monday, July 22, 2019 1:50 PM  
**To:** Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>  
**Cc:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
**Subject:** Fwd: Cedar Park Request to Kaiser

**Caution:** This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

See below:

Jami Hansen

Area Vice President

Arthur J Gallagher

425-891-1325

Begin forwarded message:

**From:** Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>  
**Date:** July 22, 2019 at 1:30:59 PM PDT  
**To:** Jami\_Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>  
**Cc:** Melinda Hansen <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>  
**Subject:** Cedar Park Request to Kaiser

[EXTERNAL]

Hi Jami,

Thank you for your assistance to help us clarify Kaiser's position regarding our request to specifically exclude abortifacient medications and copper IUDs (which can be prescribed specifically for use as an abortifacient) from our medical plan with Kaiser.

Based on Nicole's July 16<sup>th</sup> email (below) it is my understanding that Kaiser is stating that we have to choose "all or nothing" regarding contraceptive coverage (excluding abortions). Additionally, Kaiser's July 2<sup>nd</sup> correspondence responding to Pastor Jay's June 27<sup>th</sup> letter stated that "the final regulations Cedar Park Church referenced are not effective in light of the aforementioned nationwide injunction". Therefore, Kaiser will not allow us to exclude abortifacients and copper IUD coverage during the remainder of our current plan year through August 31, 2019.

We have conferred with our legal counsel regarding Federal and State regulations affecting our request and have been assured that the injunction Kaiser referenced in their July 2<sup>nd</sup> correspondence does not apply to Cedar Park because we are a House of Worship. Regulations exempting houses of worship from the contraceptive coverage requirement pre-date the November 15, 2018 regulations and are still currently in force. Therefore, Pastor Jay has drafted the attached letter to Kaiser. In the letter, Cedar Park is requesting that Kaiser immediately exclude abortifacient medications as listed in the letter and copper IUDs from our medical plan based on the currently applicable Federal and State regulations cited in his letter.

Please forward this letter to Kaiser ASAP. Please also forward the letter to Gallagher's compliance and legal department. Can you also please confirm your receipt of this email and when you have forwarded the email to Kaiser? Thanks! Steve.

----- Forwarded message -----

From: Jami Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>  
Date: Tue, Jul 16, 2019 at 3:56 PM  
Subject: Fwd: Transgender Services-Cedar Park  
To: [melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org) <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>, Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>  
Cc: Melinda Hansen <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>

From Kaiser:

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

Begin forwarded message:

**From:** "Nicole M. Gomez" <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>  
**Date:** July 16, 2019 at 2:41:29 PM PDT  
**To:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
**Cc:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
**Subject:** RE: Transgender Services-Cedar Park

[EXTERNAL]

Hi Melinda,

Unfortunately not. We cannot carve out specific medications. It is all or nothing. I really appreciate you two being so upfront, we want what is best for the group but we cannot accommodate the request to exclude abortifacients specifically.

**Nicole Nieswand (Gomez)**

Account Manager II, Large Group Sales

**Kaiser Foundation Health Plan of Washington**

601 Union Street, Suite 3100

Seattle, WA 98101

**Office:** 206-448-2845

**Cell:** 206-218-6395

**Email:** [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)

 [be\\_kp\\_advocate\\_turquoise](#)

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----- Forwarded message -----

From: "Nicole M. Gomez" <Nicole.M1.Gomez@kp.org>

To: Melinda Hansen <Melinda\_Hansen@ajg.com>

Cc: Jami Hansen <Jami\_Hansen@ajg.com>

Bcc:

Date: Wed, 14 Aug 2019 00:03:51 +0000

Subject: RE: Cedar Park

Hi Melinda,

Please see my answer below in red.

So, the group (not Melissa), thought their rider and current exclusions would continue until Kaiser had more information about the new laws. So the rider and one prescription for excluding abortion would no longer be in effect as of 9/1/19. The below supersedes how abortion and RX is currently covered. Is this correct? The current exclusion cannot continue as is. This is a state mandated change- which we are still interpreting. KP was stating that they could not provide more updates regarding abortion exclusions and whether or not we could find a solution to requested exclusion at this time. KP is working hard to understand what we can and cannot do for fully insured groups. As of now we don't have an update on exclusion, therefore if the group renews they would be renew WITH an abortion benefit.

It seems like we might want to wait to renew the group until the group responds that they acknowledge the above.

Thanks!

Nicole Nieswand (Gomez)

Account Manager II, Large Group Sales

Kaiser Foundation Health Plan of Washington

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Seattle, WA 98101

Office: 206-448-2845

Cell: 206-218-6395

Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>

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From: Melinda Hansen <Melinda\_Hansen@AJG.com>  
Sent: Tuesday, August 13, 2019 4:04 PM  
To: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>  
Cc: Jami Hansen <Jami\_Hansen@AJG.com>  
Subject: RE: Cedar Park  
Importance: High

Hi Nicole,

So, the group (not Melissa), thought their rider and current exclusions would continue until Kaiser had more information about the new laws. So the rider and one prescription for excluding abortion would no longer be in effect as of 9/1/19. The below supersedes how abortion and RX is currently covered. Is this correct?

Jami- if the above is correct, Melissa and Steve need an email asap confirming. Melissa, thought it would be best coming from you, even though I said you were on vacay.

Thanks,

Melinda Hansen Client Manager  
Health & Welfare Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)<[mailto:melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)>

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Sent: Tuesday, August 13, 2019 2:59 PM  
To: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)<mailto:[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>>  
Subject: RE: Cedar Park

[EXTERNAL]

Hi Melinda,

There are no forms. I consulted with legal and this is what they requested. See below in red.

Thanks!

Contraceptive carve out:

- \* KP does not have the system capability at this time to carve out only specific contraceptives (copper IUD/plan B etc.). KP is however able (upon Cedar Park's request) to carve out the cost of all contraceptive services from Cedar Park's plan such that KP will separately pay the cost of such contraceptives.
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- \* KP would cover and pay for contraceptives for member's wishing to utilize these services.
- \* Cedar Park would NOT pay for these services via their premiums, KP would cover the cost of contraceptives.

Nicole Nieswand (Gomez)

Account Manager II, Large Group Sales

Kaiser Foundation Health Plan of Washington

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Seattle, WA 98101

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Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>

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From: Melinda Hansen <Melinda\_Hansen@AJG.com<mailto:[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>>  
Sent: Tuesday, August 13, 2019 2:57 PM  
To: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)><mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>>  
Subject: RE: Cedar Park

Ok, I have talked and sent an email to the group on the below for confirmation!  
Question for you, do they need to complete the religious exemption forms back to you? Is one due at a certain time?

Thanks!

Melinda Hansen Client Manager

Health & Welfare Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)<mailto:[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)>

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Crisalli Decl., p.0198

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From: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>>  
Sent: Tuesday, August 13, 2019 2:00 PM  
To: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)<mailto:[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>>  
Subject: RE: Cedar Park

[EXTERNAL]

Hi Melinda,

I think it's best we hold off on sending the renewal paperwork for now as it appears the group is wanting to exclude certain benefits.

There were a ton of back and forth emails, but on my latest email from 8.6 I stated how KP would prefer the group tell us of their preference. Attached and below. We would need this information prior to generating the renewal paperwork. The contraceptive piece would require a rider built in to remove the cost from the group and pass the cost to KP. Has the information below been shared with the group?

Contraceptive carve out:

- \* KP does not have the system capability at this time to carve out only specific contraceptives (copper IUD/plan B etc.). KP is however able (upon Cedar Park's request) to carve out the cost of all contraceptive services from Cedar Park's plan such that KP will separately pay the cost of such contraceptives.
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- \* Cedar Park would NOT pay for these services via their premiums, KP would cover the cost of contraceptives.

Exclude Abortion:

- \* KP cannot provide an update at this time.
- \* Please note that KP is currently drafting a group-facing document on this topic, which we hope to share shortly.

Nicole Nieswand (Gomez)

Account Manager II, Large Group Sales

Kaiser Foundation Health Plan of Washington

601 Union Street, Suite 3100

Seattle, WA 98101

Office: 206-448-2845

Cell: 206-218-6395

Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>

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From: Melinda Hansen <Melinda\_Hansen@AJG.com<mailto:[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>>  
Sent: Tuesday, August 13, 2019 1:54 PM  
To: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)><mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>>  
Subject: RE: Cedar Park

Hi Nicole,

Is there a deadline for self-certifying for a religious organization? Would you have this information?

Thanks!

Melinda Hansen Client Manager

Health & Welfare Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)<mailto:[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)>

[www.ajg.com](http://www.ajg.com)<[https://urldefense.proofpoint.com/v2/url?u=http-3A\\_\\_www.ajg.com\\_&d=DwMGaQ&c=V-WiB07a9ZG9AUogGPqIYBXfVnjryhYX1W\\_SjITv1Oo&r=iOgizl302gAyCixDupKPMpum\\_SmUCP3hHI-FQAHmJD4&m=fXbWY9zi-6C5l0wcuqPgTSqWNU52iLyKoatn2HnJ8XA&s=qp86OWYUlcZocPJc5z1JpGLK2818WmliQ2rOZmPFkpk&e=>](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ajg.com_&d=DwMGaQ&c=V-WiB07a9ZG9AUogGPqIYBXfVnjryhYX1W_SjITv1Oo&r=iOgizl302gAyCixDupKPMpum_SmUCP3hHI-FQAHmJD4&m=fXbWY9zi-6C5l0wcuqPgTSqWNU52iLyKoatn2HnJ8XA&s=qp86OWYUlcZocPJc5z1JpGLK2818WmliQ2rOZmPFkpk&e=>)>

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From: Melinda Hansen  
Sent: Tuesday, August 13, 2019 1:30 PM  
To: 'Nicole M. Gomez' <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>>  
Cc: Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)<mailto:[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>>  
Subject: RE: Cedar Park

Hi Nicole,

Renewing as is, so no benefit changes. They currently do not cover abortions or the one prescription for abortions-this will remain as is.

Melinda Hansen Client Manager

Health & Welfare Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)<mailto:[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)>

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From: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>>  
Sent: Tuesday, August 13, 2019 12:57 PM  
To: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)<mailto:[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>>; Jami Hansen  
<[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)<mailto:[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>>

Crisalli Decl., p.0201

Cedar Park 000280

Cc: Heejin Kim <[Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)<mailto:Heejin\_Kim@ajg.com>>  
Subject: RE: Cedar Park

[EXTERNAL]

Hi Jami and Melinda,

Great news! Just to make sure I understand, the group has chosen to renew with KP as is (no benefit changes)? What is the group's current status of their contraceptive ask/abortion exclusion ask? Are they utilizing a wait and see approach?

I was under the impression they might move carriers, so wanted to get feedback if possible.

Thanks!!

Nicole Nieswand (Gomez)

Account Manager II, Large Group Sales

Kaiser Foundation Health Plan of Washington

601 Union Street, Suite 3100

Seattle, WA 98101

Office: 206-448-2845

Cell: 206-218-6395

Email: [Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<mailto:[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)>

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From: Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)<mailto:[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>>  
Sent: Tuesday, August 13, 2019 12:21 PM

Crisalli Decl., p.0202

Cedar Park 000281

To: Nicole M. Gomez <[Nicole.M1.Gomez@kp.org](mailto:Nicole.M1.Gomez@kp.org)<<mailto:Nicole.M1.Gomez@kp.org>>>  
Cc: Heejin Kim <[Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)<[mailto:Heejin\\_Kim@ajg.com](mailto:Heejin_Kim@ajg.com)>>  
Subject: Cedar Park

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Hi Nicole,

We will get you the official renewal letter, but Cedar Park will be renewing with Kaiser. Renewing as is with the two plans they currently have. I have cc'd Heejin (client coordinator) on this email as she will be sending the renewal letter to you. Can you please send us any paperwork that will need to be completed?

Thank you!

Melinda Hansen Client Manager  
Health & Welfare Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)<[mailto:melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)>

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Crisalli Decl., p.0203

Cedar Park 000282



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**15 attachments**

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4K



**image001.jpg**  
4K



**image002.png**  
11K



**image003.jpg**  
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**image004.png**  
19K



**image005.png**  
7K


 **ATT00001.htm**  
15K

 **ATT00002.htm**  
21K

 **RE: Cedar Park.eml**  
188K

 **ATT00003.htm**  
1K

 **RE: Cedar Park.eml**  
227K

 **ATT00004.htm**  
1K

 **RE: Cedar Park.eml**  
219K

 **ATT00005.htm**  
1K

**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Jami Hansen <Jami\_Hansen@ajg.com>

Thu, Aug 15, 2019 at 2:47 PM

I think so. Thank you!

All the best,



[Quoted text hidden]

**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Melinda Hansen <melinda\_hansen@ajg.com>

Fri, Aug 16, 2019 at 10:22 AM

Hi Melinda,

Steve would like to set up a phone call with Jami and/or you for later today to talk about the emails and make sure we're clear on some things. I am here until 4pm. Let me know what works.

All the best,











----- Forwarded message -----  
From: **Jami Hansen** <Jami\_Hansen@ajg.com>  
[Quoted text hidden]  
[Quoted text hidden]

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**9 attachments**



**image001.jpg**  
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-  **ATT00001.htm**  
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-  **ATT00002.htm**  
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-  **RE: Cedar Park.eml**  
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-  **RE: Cedar Park.eml**  
227K
-  **ATT00004.htm**  
1K
-  **RE: Cedar Park.eml**  
219K
-  **ATT00005.htm**  
1K

---

**Melinda Hansen** <Melinda\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>

Fri, Aug 16, 2019 at 10:30 AM

Hi Melissa,

Crisalli Decl., p.0205

Cedar Park 000284

I am checking with Jami on a call. I won't be available until later in the afternoon, closer to 3-3:30.

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

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**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

**Sent:** Friday, August 16, 2019 10:23 AM

**To:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>

**Subject:** Fwd: Cedar Park Request to Kaiser

[EXTERNAL]

[Quoted text hidden]

image004.png  
19K

Crisalli Decl., p.0206

Cedar Park 000285



**Melinda Hansen** <Melinda\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>

Fri, Aug 16, 2019 at 10:34 AM

Hi Melissa,

Jami won't be able to do a call today. We can set up a call for later this afternoon if that works for everyone.

Let me know!

Thanks!

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

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material from any computer.

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**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>  
**Sent:** Friday, August 16, 2019 10:23 AM  
**To:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
**Subject:** Fwd: Cedar Park Request to Kaiser

[EXTERNAL]

[Quoted text hidden]

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image003.png  
19K

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**Melissa Knauss** <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>  
To: Melinda Hansen <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>

Fri, Aug 16, 2019 at 1:37 PM

Yes. We will give you a call at 3pm.

All the best,



[Quoted text hidden]

---

**Melinda Hansen** <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>  
To: Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

Fri, Aug 16, 2019 at 1:42 PM

Hi Melissa,

Can you please call my cell? 425 359 3458.

I am not in the office.

Thank you!

Sent from Email+ secured by MobileIron

[Quoted text hidden]

---

**Melinda Hansen** <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>  
To: Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

Fri, Aug 16, 2019 at 1:46 PM

Hi Melissa,

Can you please call my cell? 425 359 3458.

I am not in the office.

Thank you!

Sent from Email+ secured by MobileIron

----- Original Message -----

From: Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

Date: Fri, Aug 16, 2019, 1:38 PM

[Quoted text hidden]

[Quoted text hidden]

---

**Melissa Knauss** <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>  
To: Melinda Hansen <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>

Fri, Aug 16, 2019 at 1:54 PM

You got it!  
All the best,



[Quoted text hidden]

---

**Melinda Hansen** <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>  
To: Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

Fri, Aug 16, 2019 at 3:16 PM

Hi Melissa,

I want to make sure didn't miss your call.

[Quoted text hidden]



image003.png  
19K



Melissa Knauss <melissa.k@cedarpark.org>

---

## Kaiser users

6 messages

---

**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Jami Hansen <Jami\_Hansen@ajg.com>  
Cc: Melinda Hansen <melinda\_hansen@ajg.com>

Tue, Jul 23, 2019 at 9:22 AM

Can you tell how many people who are NOT in the HMO use Kaiser doctors?

All the best,



---

**Melinda Hansen** <Melinda\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>, Jami Hansen <Jami\_Hansen@ajg.com>

Tue, Jul 23, 2019 at 10:45 AM

Hi Melissa,

I am checking with Kaiser on the question below. I will let you know what I find out shortly.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Insurance | Risk Management | Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

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**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>  
**Sent:** Tuesday, July 23, 2019 9:22 AM  
**To:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>  
**Cc:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
**Subject:** Kaiser users

[EXTERNAL]

[Quoted text hidden]

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image003.png  
19K

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**Melinda Hansen** <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>  
To: Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>, Jami Hansen <[Jami\\_Hansen@ajg.com](mailto:Jami_Hansen@ajg.com)>

Tue, Jul 23, 2019 at 11:09 AM

Hi Melissa,

Requesting the report below can take 2-3 weeks as it is not a standard report that Kaiser runs.

What they were able to tell me is the 16% of paid claims are within Kaiser providers and 70% of paid claims are within the External Delivery System-this includes Access PPO network, but those providers can also be contracted with the HMO network (it excludes all Kaiser owned and operated).

I can request the report as urgent and we may be able to get it back in a week. Let me know if you would still like the report.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting





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Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

[www.ajg.com](http://www.ajg.com)

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**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

**Sent:** Tuesday, July 23, 2019 9:22 AM

**To:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>

**Cc:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>

**Subject:** Kaiser users

[EXTERNAL]

Can you tell how many people who are NOT in the HMO use Kaiser doctors?

All the best,



19K



**Melissa Knauss** <melissa.k@cedarpark.org>  
 To: Melinda Hansen <Melinda\_Hansen@ajg.com>

Fri, Jul 26, 2019 at 1:54 PM

Thank you, Melinda. Yes, we'd like to know both the number of (or percentage of) claims for the HMO vs the PPO, as well the dollar amount of claims for both the HMO and PPO. Is that possible?

For example:

PPO	100 claims (45%)	\$150,000
HMO	120 claims (55%)	\$130,000
TOTAL	220 claims	\$180,000

All the best,



[Quoted text hidden]

**Melinda Hansen** <Melinda\_Hansen@ajg.com>  
 To: Melissa Knauss <melissa.k@cedarpark.org>

Mon, Jul 29, 2019 at 7:14 AM

Hi Melissa,

I have reached out to my contact at Kaiser to see if we can get the below information. I will let you know what I find out shortly.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Insurance | Risk Management | Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

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**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>  
**Sent:** Friday, July 26, 2019 1:55 PM  
**To:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>  
**Subject:** Re: Kaiser users

[EXTERNAL]

[Quoted text hidden]



image003.png  
19K

**Melissa Knauss** <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>  
To: Melinda Hansen <[Melinda\\_Hansen@ajg.com](mailto:Melinda_Hansen@ajg.com)>

Mon, Jul 29, 2019 at 11:13 AM

Sounds good, thank you.  
All the best,



[Quoted text hidden]



Melissa Knauss <melissa.k@cedarpark.org>

---

## Objected Coverage Logistics

2 messages

---

**Melissa Knauss** <melissa.k@cedarpark.org>

Thu, Aug 8, 2019 at 11:11 AM

To: Jami Hansen <Jami\_Hansen@ajg.com>

Cc: Steve Orcutt <steve.o@cedarpark.org>, Melinda Hansen <melinda\_hansen@ajg.com>

Hi Jami,

I have two important questions regarding objected coverages:

- 1.) For companies that have gone with the option for the carrier to cover contraceptives +, how does this work on the user/employee side. For instance, does the employee still present the medical center/hospital with the same insurance card or do they have a different card they use?
- 2.) For companies that have gone with the option for the carrier to cover contraceptives +, can you confirm that the cost of the services/prescriptions the carrier is covering are excluded from the Deductible Met amount and are therefore ineligible for HRA reimbursements by that company?

All the best,



---

**Jami Hansen** <Jami\_Hansen@ajg.com>

Thu, Aug 8, 2019 at 12:23 PM

To: Melissa Knauss <melissa.k@cedarpark.org>

Cc: Steve Orcutt <steve.o@cedarpark.org>, Melinda Hansen <Melinda\_Hansen@ajg.com>

Hi Melissa!

On question #1 there wouldn't be different ID Cards. It would work the same way and is an internal process. On question #2 if it's covered at 100% the deductible and HRA wouldn't apply.

Let me know if you have any additional questions.

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

On Aug 8, 2019, at 11:11 AM, Melissa Knauss <melissa.k@cedarpark.org> wrote:

[EXTERNAL]

[Quoted text hidden]



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

## Open Enrollment Timeline

7 messages

**Melissa Knauss** <melissa.k@cedarpark.org>

Thu, Aug 8, 2019 at 11:38 AM

To: Jami Hansen <Jami\_Hansen@ajg.com>

Cc: Steve Orcutt <steve.o@cedarpark.org>, Melinda Hansen <melinda\_hansen@ajg.com>

Hi Jami,

I also have a few questions regarding Open Enrollment:

- 1.) What is the process and timeline on your side for when we select a policy?
- 2.) If we are able to give you and answer on the morning of the 16th, how soon would the SBCs, enrollment form, and Benefits Guides be available in:
  - a.) *electronic* format for digital delivery to our employees?
  - b.) *printed* materials for physical availability to our employees?
- 3.) Scenario: Open Enrollment runs from the 20th of August to the 3rd of September. Forms are submitted to GBS as early as 8/20 or as late as 9/6. Given this data and considering the 8/20-9/6 time range:
  - a.) What is the time range providers would be able to see them the employee in their system by searching carrier, name, DOB, and SSN?
  - b.) What is the time range employees could expect their new cards in the mail?
- 4.) GBS (including vChoice) has not requested a census. Do you need one this year for any reason?

Thank you!

All the best,



**Melinda Hansen** <Melinda\_Hansen@ajg.com>

Thu, Aug 8, 2019 at 12:13 PM

To: Melissa Knauss <melissa.k@cedarpark.org>, Jami Hansen <Jami\_Hansen@ajg.com>

Cc: Steve Orcutt <steve.o@cedarpark.org>

Hi Melissa,

Please see my notes below, next to each questions in blue. Of course, we will work as quickly as we can to get everything done timely. I wanted to give approximate timeframes especially if we have any changes.

The vChoice census can be completed now and we need back within one week of open enrollment. Codes below:

Location name

Location code

40600.01 - Pastoral - Bothell

010

Crisalli Decl., p.0216

Cedar Park 000295

40600.03 - Pastoral - NS	020
40600.04 - Pleasant Bay	024
40600.09 - Pastoral - Stillwater	040
40600.14 - Church - Liberty Lake	042
40600.40 - Cathedral Pastor	050
40600.52	058
40610.01 - Church	070
40610.03 - Church Northshore	071
40610.06 - Family Church	072
40610.40 - Cathedral	080
40610.50 - CPCS - Bothell/Staff	090
40610.51 - CPCS - Bellevue/Staff	100
40610.52 - CPCS - Everett/Staff	110
40610.55 - CPCS - MLT/Staff	120
40610.56 - CPCS - Lynnwood/Staff	130
40610.58 - School District - Staff	140
40610.59	141
40610.70 - Counseling Network	150
40610.80 - Chapel of Res	190
6 Month Continuation of Coverage -	500
70915.40 - Mechanics Ministry	400

Let me know if you have any other questions.

Thank you,

Melinda Hansen Client Manager

Health & Welfare Consulting



Insurance | Risk Management | Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

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**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

**Sent:** Thursday, August 8, 2019 11:38 AM

**To:** Jami Hansen <[Jami\\_Hansen@AJG.com](mailto:Jami_Hansen@AJG.com)>

**Cc:** Steve Orcutt <[steve.o@cedarpark.org](mailto:steve.o@cedarpark.org)>; Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>

**Subject:** Open Enrollment Timeline

[EXTERNAL]

Hi Jami,

I also have a few questions regarding Open Enrollment:

1.) What is the process and timeline on your side for when we select a policy? We have started the process of all other carriers renewing as is and holding off on medical. Is this ok to do? This will allow us to make updates to the Guide and consolidated enrollment forms.

2.) If we are able to give you an answer on the morning of the 16th, how soon would the SBCs, enrollment form, and Benefits Guides be available in:

a.) *electronic* format for digital delivery to our employees? 1-2 weeks

b.) *printed* materials for physical availability to our employees? 2-3 weeks

Guides need to be updated(which we have started some of the updates), internal reviews and then carrier reviews. The consolidated enrollment forms need at least 5 days as they have to be sent to all carriers for review. The SBCs may not be available prior to the end of August.

3.) Scenario: Open Enrollment runs from the 20th of August to the 3rd of September. Forms are submitted to GBS as early as 8/20 or as late as 9/6. Given this data and considering the 8/20-9/6 time range:

a.) What is the time range providers would be able to see them the employee in their system by searching carrier, name, DOB, and SSN?

Inforce carrier(Kaiser) receive forms by 9/6 send eligibility by 9/13 approx. Non inforce carrier (change in carrier), receive forms by 9/6, changes to the carrier would be sent sometime the week of 9/16. When there is a carrier change it can take a bit longer as we have to set up file feeds potentially and make changes in our system. I don't think we would be able to start open enrollment on 8/20.

b.) What is the time range employees could expect their new cards in the mail? ID cards then would take approx. another 10 business days from when the carrier processes the file in their system.

4.) GBS (including vChoice) has not requested a census. Do you need one this year for any reason? Census attached with the coding.

[Quoted text hidden]

---

2 attachments



image004.png  
19K



CensusTemplate SIMPLIFIED.XLS  
34K



Cc: Jami Hansen <Jami\_Hansen@ajg.com>, Steve Orcutt <steve.o@cedarpark.org>

See my answers in **Green** below and the attached complete census.

All the best,



[Quoted text hidden]

[Quoted text hidden]

[Quoted text hidden]

1.) What is the process and timeline on your side for when we select a policy? We have started the process of all other carriers renewing as is and holding off on medical. Is this ok to do? **Yes**. This will allow us to make updates to the Guide and consolidated enrollment forms.

2.) If we are able to give you and answer on the morning of the 16th, how soon would the SBCs, enrollment form, and Benefits Guides be available in:

a.) *electronic* format for digital delivery to our employees? **1-2 weeks** Yikes! So if the soonest we could actually plan to start Open Enrollment (OE) is a week from when we give the green light so that we can provide our Employees with the materials, right? In a scenario where we're able to tell you on the Aug. 16th I'd be able to hold OE from Aug. 23rd through September 6th in a best case scenario; Aug. 30th through September 13th in a worst case scenario?

b.) *printed* materials for physical availability to our employees? **2-3 weeks** I'm okay with this as long as they had digital copies and I could print Enrollment Forms, as needed.

Guides need to be updated(which we have started some of the updates), internal reviews and then carrier reviews. The consolidated enrollment forms need at least 5 days as they have to be sent to all carriers for review. **Okay** The SBCs may not be available prior to the end of August. We don't have to wait for these to have OE, right?

3.) Scenario: Open Enrollment runs from the 20th of August to the 3rd of September. Forms are submitted to GBS as early as 8/20 or as late as 9/6. Given this data and considering the 8/20-9/6 time range:

a.) What is the time range providers would be able to see them the employee in their system by searching carrier, name, DOB, and SSN?

Inforce carrier(Kaiser) receive forms by 9/6 send eligibility by 9/13 approx. Non inforce carrier (change in carrier), receive forms by 9/6, changes to the carrier would be sent sometime the week of 9/16. When there is a carrier change it can take a bit longer as we have to set up file feeds potentially and make changes in our system. I don't think we would be able to start open enrollment on 8/20. So if we had an OE of 8/23-9/6 with a final submission to GBS on the following business day of 9/9, employees would be able to go to the doctor around 9/16 and have claims run normally. They'd need to self-file a manual claim for any appointments between 9/1 and that 9/15 date, right? If OE was 8/30-9/13, with a final submission to GBS on 9/16, they'd be able to go to the doc on 9/23 to have claims run normally, and self-file in between, right?

b.) What is the time range employees could expect their new cards in the mail? ID cards then would take approx. another 10 business days from when the carrier processes the file in their system. So, employees would get their cards from the insurance carrier somewhere between 9/23 and 9/30 with the adjusted OEs above, does that sound right?

4.) GBS (including vChoice) has not requested a census. Do you need one this year for any reason? Census attached with the coding. Completed attached.

[Quoted text hidden]

---

 **CensusTemplate SIMPLIFIED - 2019.xls**  
89K

---

**Melissa Knauss** <melissa.k@cedarpark.org>  
To: Melinda Hansen <Melinda\_Hansen@ajg.com>

Thu, Aug 8, 2019 at 3:26 PM

I just printed this out and say that I transposed the first and last name for our employee Terry Carter. Carter is his LAST name. Can you please make the correction? Thanks!

All the best,



[Quoted text hidden]

---

**Melinda Hansen** <Melinda\_Hansen@ajg.com>  
To: Melissa Knauss <melissa.k@cedarpark.org>

Thu, Aug 8, 2019 at 3:39 PM

Hi Melissa,

See below my answers to your questions.

Thank you,

**Melinda Hansen** Client Manager

Health & Welfare Consulting



melinda\_hansen@ajg.com

www.ajg.com

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**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

**Sent:** Thursday, August 8, 2019 3:27 PM

**To:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>

**Subject:** Re: Open Enrollment Timeline

[EXTERNAL]

[Quoted text hidden]

[Quoted text hidden]

[Quoted text hidden]

[Quoted text hidden]

[Quoted text hidden]

[Quoted text hidden]

a.) *electronic* format for digital delivery to our employees? 1-2 weeks Yikes! So if the soonest we could actually plan to start Open Enrollment (OE) is a week from when we give the green light so that we can provide our Employees with the materials, right? Correct In a scenario where we're able to tell you on the Aug. 16th I'd be able to hold OE from Aug. 23rd through September 6th in a best case scenario; Aug. 30th through September 13th in a worst case scenario? I am more concerned about if there are changes and that we need 5 days for the enrollment forms. We could push to get electronic done by Aug 23- but if there are carrier changes start the 26<sup>th</sup> might me more realistic. Part of what makes the process longer is all our reviews.

b.) *printed* materials for physical availability to our employees? 2-3 weeks I'm okay with this as long as they had digital copies and I could print Enrollment Forms, as needed.

Guides need to be updated(which we have started some of the updates), internal reviews and then carrier reviews. The consolidated enrollment forms need at least 5 days as they have to be sent to all carriers for review. Okay The SBCs may not be available prior to the end of August. We don't have to wait for these to have OE, right? Correct, technically we need to provide during open enrollment, but we can still proceed.

3.) Scenario: Open Enrollment runs from the 20th of August to the 3rd of September. Forms are submitted to GBS as early as 8/20 or as late s 9/6. Given this data and considering the 8/20-9/6 time range:

a.) What is the time range providers would be able to see them the employee in their system by searching carrier, name, DOB, and SSN?

Inforce carrier(Kaiser) receive forms by 9/6 send eligibility by 9/13 approx. Non inforce carrier (change in carrier), receive forms by 9/6, changes to the carrier would be sent sometime the week of 9/16. When there is a carrier change it can take a bit longer as we have to set up file feeds potentially and make changes in our system. I don't think we would be able to start open enrollment on 8/20. So if we had an OE of 8/23-9/6 with a final submission to GBS on the following business day of 9/9, employees would be able to go to the doctor around 9/16 and have claims run normally. They'd need to self-file a manual claim for any appointments between 9/1 and that 9/15 date, right? If OE was 8/30-9/13, with a final submission to GBS on 9/16, they'd be able to go to the doc on 9/23 to have claims run normally, and self-file in between, right? Employees would still be effective and have coverage on 9/1 however, they may not be showing eligible and may have to pay out of pocket for prescriptions. Your assessment however is correct.

b.) What is the time range employees could expect their new cards in the mail? ID cards then would take approx. another 10 business days from when the carrier processes the file in their system. So, employees would get their cards from the insurance carrier somewhere between 9/23 and 9/30 with the adjusted OEs above, does that sound right? yes

4.) GBS (including vChoice) has not requested a census. Do you need one this year for any reason? Census attached with the coding. Completed attached. Thank you.

[Quoted text hidden]



image003.png  
19K

Yes, no problem. Thanks!

**Melinda Hansen** Client Manager

Health & Welfare Consulting



Insurance | Risk Management | Consulting

Direct 425.974.4459 | fax: 425.201.2730

[melinda\\_hansen@ajg.com](mailto:melinda_hansen@ajg.com)

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**From:** Melissa Knauss <[melissa.k@cedarpark.org](mailto:melissa.k@cedarpark.org)>

**Sent:** Thursday, August 8, 2019 3:27 PM

**To:** Melinda Hansen <[Melinda\\_Hansen@AJG.com](mailto:Melinda_Hansen@AJG.com)>

**Subject:** Re: Open Enrollment Timeline

[EXTERNAL]

I just printed this out and say that I transposed the first and last name for our employee Terry Carter. Carter is his LAST name. Can you please make the correction? Thanks!

All the best,

Crisalli Decl., p.0224

Cedar Park 000303

# Exhibit K



**Gallagher**

Insurance | Risk Management | Consulting



## 2019/2020 Employee Benefit Analysis and Recommendations

Proposed Effective Date: September 1, 2019

Jami Hansen, Area-Vice President/Client Consultant

Melinda Hansen, Client Manager

James Stanek, Benefit Analyst

Date Presented: June 10, 2019

**IMPORTANT:** This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.



Cedar Park 000082



# Medical

## Cost Outline

### PPO Plan

		Current Kaiser Permanente	Negotiated Kaiser Permanente	Alternative 1 Cigna	Alternative 2 Cigna
<b>Monthly Rates</b>				<i>Fully Insured</i>	<i>Level-Funded</i>
Employee Only	48	\$396.85	\$431.99	\$399.41	\$411.76
Employee + Spouse	5	\$876.79	\$954.44	\$882.26	\$909.55
Employee + Child(ren)	7	\$740.31	\$805.87	\$744.87	\$767.91
Employee + Family	9	\$1,220.25	\$1,328.31	\$1,228.16	\$1,266.14
<b>PPO Plan Annual Cost</b>	<b>69</b>	<b>\$475,166</b>	<b>\$517,243</b>	<b>\$478,204</b>	<b>\$492,994</b>
% Change			8.9%	0.6%	3.8%
\$ Change			\$42,077	\$3,038	\$17,828

### HMO Plan

		Current Kaiser Permanente	Negotiated Kaiser Permanente	Alternative 1 Cigna	Alternative 2 Cigna
<b>Monthly Rates</b>				<i>Fully Insured</i>	<i>Level-Funded</i>
Employee Only	37	\$345.53	\$371.70	\$391.13	\$403.23
Employee + Spouse	4	\$763.40	\$821.22	\$864.03	\$890.75
Employee + Child(ren)	4	\$644.58	\$693.39	\$729.47	\$752.03
Employee + Family	1	\$1,062.45	\$1,142.91	\$1,202.73	\$1,239.93
<b>HMO Plan Annual Cost</b>	<b>46</b>	<b>\$233,748</b>	<b>\$251,451</b>	<b>\$264,584</b>	<b>\$272,767</b>
% Change			7.6%	13.2%	16.7%
\$ Change			\$17,703	\$30,836	\$39,019

<b>HSA Annual Contribution</b>	\$72,500	\$72,500	\$72,500	\$72,500
<b>HRA Annual Contribution</b>	\$70,537	\$75,120	\$75,120	\$75,120

<b>Combined Medical/HSA/HRA Annual Cost</b>	<b>115</b>	<b>\$851,951</b>	<b>\$916,314</b>	<b>\$890,408</b>	<b>\$913,381</b>
% Change			7.6%	4.5%	7.2%
\$ Change			\$64,363	\$38,457	\$61,430

### Remember

- All plan options meet the requirements to be considered Minimum Essential Coverage and a Minimum Actuarial Value Plan.
- HSA funding assumes \$500 per individual and \$1,000 per family.
- Level Funded Arrangement offers 50% surplus share.
- Cigna Fully Insured rates are estimated based on 3% reduction to the Level-Funded rates.
- Cigna has agreed to pay for Single Billing Services.
- Elective abortions are not covered for both the Cigna Fully Insured and Cigna Level-Funded plans.

Prepared by:  
 Gallagher

The information contained herein is subject to the disclosures  
 and disclaimers on the Assumptions pages of this marketing presentation.

Cedar Park Assembly of God  
 September 2019 - Page 2  
 Cedar Park 000083



# HRA Administration

## Cost Comparison and Utilization

Administration Costs		Current NMR	Renewal NMR
Submission Fee (Per Employee)		\$40.00	\$40.00
Renewal Fee Per Plan Per Year		\$225.00	\$225.00
<b>Total Annual Administration Cost</b>		<b>\$1,105</b>	<b>\$1,105</b>


Reimbursement Limits		Current/Renewal NMR
<b>PPO Plan Deductible</b>		\$4,500/\$9,000
Employee	48	\$3,150
Employee & Family	21	\$6,300
<b>HMO Plan Deductible</b>		\$4,500/\$9,000
Employee	37	\$3,150
Employee & Family	9	\$6,300
<b>Annual Maximum Liability</b>		<b>\$456,750</b>

HRA Utilization Costs and Projections	2018 Reimbursements	1/1/2019 - 5/31/2019 Reimbursements	Current Year Completion Projection	Renewal Year Projection
<b>Combined Plan Utilization</b>	\$65,134	\$17,971	\$69,432	\$74,015
<b>% of Max Utilization</b>	<b>14.3%</b>	<b>3.9%</b>	<b>15.2%</b>	<b>16.2%</b>

Total Costs Projection	Current Projected	Renewal Projected
<b>Total Administration Cost</b>	\$1,105	\$1,105
<b>Utilization Projected costs</b>	\$69,432	\$74,015
<b>Total HRA Annual Cost Projection</b>	<b>\$70,537</b>	<b>\$75,120</b>

### Remember

- HRA Utilization Projection is calculated based on current plan designs. If plan designs are changed, it will cause a change in utilization pattern. Actual utilization may vary.
- HRA projection trend: 6.6%

Prepared by:  
 Gallagher

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Cedar Park Assembly of God  
September 2019 - Page 3  
Cedar Park 000084



# Medical

## Benefit Outline - PPO Plan

PCY = Per Calendar Year	Current/Renewal Kaiser Permanente		Alternative 1 & 2 Cigna	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Medical Plan</b>	Access PPO		Open Access Plus	
<b>Annual Deductible</b> (Individual/Family)	\$4,500/\$9,000		\$4,500/\$9,000	\$9,000/\$18,000
<b>Coinsurance</b>	10% (5% enhanced)*	30%	10%	30%
<b>Annual Out-of-Pocket Maximum</b> (Individual/Family)	\$6,550/\$13,100		\$6,550/\$13,100	\$13,100/\$26,200
<b>Preventive Care</b>	Covered in full	30% after deductible	Covered in full	Not covered
<b>Outpatient Services</b>				
• Office Visit	10% (5%*) after deductible	30% after deductible	10% after deductible	30% after deductible
• Specialist Visit	10% (5%*) after deductible	30% after deductible	10% after deductible	30% after deductible
• Diagnostic Lab & X-ray	10% after deductible	30% after deductible	10% after deductible	30% after deductible
• Surgery	10% after deductible	30% after deductible	10% after deductible	30% after deductible
• Rehabilitation	10% after deductible	30% after deductible	10% after deductible	30% after deductible
	Up to 60 visits PCY		Up to 60 visits PCY	
<b>Other Services</b>				
• Chiropractic Care	10% after deductible	30% after deductible	10% after deductible	30% after deductible
	Up to 8 visits PCY		Up to 12 visits PCY	
• Acupuncture	10% after deductible	30% after deductible	10% after deductible	30% after deductible
	Up to 12 visits PCY		Up to 12 visits PCY	
<b>Urgent Care</b>	10% after deductible	30% after deductible	Covered in full after deductible	30% after deductible
<b>Emergency Room</b> (copay waived if admitted)	10% after deductible		10% after deductible	
<b>Inpatient Hospitalization</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Prescription Drug Plan</b>	At Preferred Pharmacies		At Preferred Pharmacies	
<b>Annual Deductible</b> (Individual/Family)	Shared with medical		Shared with medical	
<b>Annual Out-of-Pocket Maximum</b> (Individual/Family)	Shared with medical		Shared with medical	
<b>Retail Pharmacy</b> (30-day supply)	After deductible...		After deductible...	
• Generic	\$10		\$10	
• Preferred Brand	\$35 (\$30*)		\$35	
• Non-Preferred Brand	\$70 (\$65*)		\$70	
• Specialty	Above cost shares apply		Above cost shares apply	
<b>Mail Order</b> (90-day supply)	3 x enhanced retail cost share*		2 x retail cost share	
<b>Part D Creditable/Non-Creditable</b>	Creditable		Creditable	
<b>Formulary</b>	KPWA Formulary		Cigna Advantage	

### Remember

- For plan years beginning in 2019, non-grandfathered health plans must include embedded in-network self-only out-of-pocket limits for each family member if the family deductible or out-of-pocket maximum is over \$7,900.
- \*Enhanced benefit applies when outpatient services are provided at a Kaiser Permanente facility.

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# Medical

## Benefit Outline - HMO Plan

	Current/Renewal Kaiser Permanente In-Network Only	Alternative 1 & 2 Cigna In-Network Only
<i>PCY = Per Calendar Year</i>		
<b>Medical Plan</b>	<b>Core HMO</b>	<b>Open Access Plus</b>
<b>Annual Deductible</b> (Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000
<b>Coinsurance</b>	10%	10%
<b>Annual Out-of-Pocket Maximum</b> (Individual/Family)	\$6,650/\$13,300	\$6,650/\$13,300
<b>Preventive Care</b>	Covered in full	Covered in full
<b>Outpatient Services</b>		
• Office Visit	10% after deductible	10% after deductible
• Specialist Visit	10% after deductible	10% after deductible
• Diagnostic Lab & X-ray	10% after deductible	10% after deductible
• Surgery	10% after deductible	10% after deductible
• Rehabilitation	10% after deductible Up to 60 visits PCY	10% after deductible Up to 60 visits PCY
<b>Other Services</b>		
• Chiropractic Care	10% after deductible Up to 10 visits PCY	10% after deductible Up to 12 visits PCY
• Acupuncture	10% after deductible Up to 12 visits PCY	10% after deductible Up to 12 visits PCY
<b>Urgent Care</b>	10% after deductible	Covered in full after deductible
<b>Emergency Room</b> (copay waived if admitted)	10% after deductible	10% after deductible
<b>Inpatient Hospitalization</b>	10% after deductible	10% after deductible
<b>Prescription Drug Plan</b>	<b>At Preferred Pharmacies</b>	<b>At Preferred Pharmacies</b>
<b>Annual Deductible</b> (Individual/Family)	Shared with medical	Shared with medical
<b>Annual Out-of-Pocket Maximum</b> (Individual/Family)	Shared with medical	Shared with medical
<b>Retail Pharmacy</b> (30-day supply)	<i>After deductible...</i>	<i>After deductible...</i>
• Generic	\$20	\$10
• Preferred Brand	\$40	\$40
• Non-Preferred Brand	\$60	\$60
• Specialty	Above cost shares apply	Above cost shares apply
<b>Mail Order</b> (90-day supply)	3 x retail cost share	2 x retail cost share
<b>Part D Creditable/Non-Creditable</b>	Creditable	Creditable
<b>Formulary</b>	KPWA Formulary	Cigna Advantage

### Remember

- For plan years beginning in 2019, non-grandfathered health plans must include embedded in-network self-only out-of-pocket limits for each family member if the family deductible or out-of-pocket maximum is over \$7,900.

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## Self-Funded Medical

### *Fixed Cost Comparison*

Proposed	
<b>Administration</b>	
<b>TPA</b>	HMA
<b>PBM</b>	CVS Caremark
<b>Network Option</b>	Regence BlueShield
<b>Administrative Fees</b>	115
• Set-Up	\$3,500.00
• Plan Administration	\$28.60
• Network	\$5.50
• Care Management	\$3.75
• Fiduciary	\$2.00
• 24-Hour Nurse Line	\$0.65
• MD Live Telehealth w/ Behavioral	\$1.30
• Care Navigator	\$1.50
• Disease Management	\$3.00
• Cost Transparency Tool	\$1.50
• Maternity Management	\$350 per case
• Creditable Coverage Determination	2 \$385.00
<b>Rate Guarantee</b>	12 months
<b>Annual Administration Cost</b>	<b>\$70,234</b>



#### Remember

- Determination of employer prescription drug coverage meeting Medicare's Creditable Coverage Requirements - \$385 (fee is per Plan tested).

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# Self-Funded Medical

## Stop Loss Comparison - Financial Analysis

Proposed	
<b>Administration</b>	
TPA	HMA
<b>Stop Loss</b>	
Reinsurer	Symetra
Quote Status	Preliminary
<b>Individual Stop Loss (ISL)</b>	
• Lines of Coverage	Medical/Rx
• Contract Terms	12/12
• Deductible	\$100,000
• Accumulation Basis	Per member
• Annual Maximum	Unlimited
• Lifetime Maximum	Unlimited
• Run-In Limitation	N/A
<b>Aggregate Stop Loss (ASL)</b>	
• Lines of Coverage	Medical/Rx
• Contract Terms	12/12
• Corridor	125%
• Annual Maximum	\$1,000,000
• Run-In Limitation	N/A
<b>Additional Provisions</b>	
• Aggregating Specific Deductible	None
• Specific Advanced Funding	Not Included
• Aggregate Accommodation	Not Included
• Retiree Coverage	Not covered
• Actively at Work	Waived w/ Disclosure
• No New Laser/Rate Cap	Not Included
<b>Laser Liability</b>	None
<b>Rates Subject to Change</b>	Lock w/ data through May
<b>ISL Composite Rate</b> 115	\$186.40
<b>ASL Composite Rate</b> 115	\$21.42
<b>Annual Stop Loss Premium</b>	<b>\$286,792</b>



### Remember

- Second year stop loss renewal would be loaded by 15% for maturation factor. This does not include trend or claims renewal increases.

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# Self-Funded Medical

## *Expected & Maximum Claims Factor Comparison*

Proposed	
<b>Stop Loss</b>	
Reinsurer	Symetra
Quote Status	Preliminary
Individual Stop Loss (ISL)	
• Lines of Coverage	Medical/Rx
• Contract Terms	12/12
• Deductible	\$100,000
• Annual Maximum	Unlimited
Aggregate Stop Loss (ASL)	
• Lines of Coverage	Medical/Rx
• Contract Terms	12/12
• Corridor	125%
• Annual Maximum	\$1,000,000
Laser Liability	None
<b>Gallagher Projection</b>	
Underwriting Assumptions	
• Experience Period	May 2017 - April 2019
• Experience Weight (Prior/Current)	33%/67%
• Medical/Rx Trend	5.7%
• Margin	2.0%
Expected Claims Factor (PEPM)	115 \$452.51
Gallagher Annual Expected Claims	\$624,464
<b>Maximum Liability</b>	
Maximum Claims Factors (for ASL)	115 \$619.57
Maximum Annual Claims Liability	\$855,007

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## Funding Development

<b>Expected Renewal</b> <i>Based on Gallagher Projection</i> <i>Proposed</i> <i>Medical, Rx</i>	
<b>TPA</b>	HMA
<b>Stop Loss</b>	Symetra
<b>ISL</b>	\$100,000
<b>Cost Components</b>	
• Projected Paid Claims	\$624,464
• Projected Fixed Cost	\$357,026
• Estimated Rx Rebates	(\$35,000)
<b>Total Needed Funding</b>	<b>\$946,489</b>
<b>Present Funding</b>	\$708,914
<b>Needed Change to Present Rates</b>	<b>33.5%</b>

### Remember

- Second year stop loss renewal would be loaded by 15% for maturation factor. This does not include trend or claims renewal increases.
- Needed and Present Funding do not include HSA or HRA funding.
- Needed Funding includes 5.3% commission for Stop Loss only.

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## Self-Funded Medical

### *Stop Loss Comparison - Coverage Analysis*

Reinsurer Statement	
Coverage Analysis Statement	
<b>Proposed - Symetra</b> <ul style="list-style-type: none"> <li>Stop Loss Reinsurer: Symetra</li> <li>Administration TPA: HMA</li> </ul>	Symetra agrees their stop loss policy will cover agreed upon benefits. Any claims including fiduciary override such as extra contractual payment or claims that are covered or eligible for coverage by Worker's Compensation will not be covered under the stop loss policy. Also, coverage for prescription drugs is required to be included in the experience provided to the underwriter and the stop loss coverage is subject to the terms outlined on the Symetra stop loss policy schedule of benefits.

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# Dental

## Benefit & Cost Outline

	Current/Renewal Delta Dental of WA		Alternative 1 Delta Dental of WA	
	Delta Dental PPO Dentist	Delta Dental Premier or Non-Participating Dentist	Delta Dental PPO Dentist	Delta Dental Premier or Non-Participating Dentist
<b>Dental Plan</b>	MAC		MAC	
<b>Annual Deductible</b> (waived for Preventive & Diagnostic)	\$0 per person \$0 per family	\$50 per person \$150 per family	\$25 per person \$75 per family	
<b>Annual Benefit Maximum</b>	\$1,500 per person		\$2,000 per person	
<b>Waiting Period</b>	12 months for Major services		None	
<b>Services</b>				
• Preventive & Diagnostic	No charge	No charge	No charge	No charge
• Basic	20%	20% after deductible	10% after deductible	10% after deductible
• Major	50%	50% after deductible	40% after deductible	40% after deductible
<b>Periodontics</b>	Covered under Basic		Covered under Basic	
<b>Endodontics</b>	Covered under Basic		Covered under Basic	
<b>Implants</b>	Covered under Major		Covered under Major	
<b>Orthodontia</b>			Children only	
• Services	Not covered		50%	50%
• Lifetime Benefit Maximum			\$2,000 per person	
<b>Late Entrant Penalty</b>	Open Enrollment		None	
<b>Monthly Rates</b>	<i>Current</i>	<i>Renewal</i>		
Employee Only 94	\$48.95	\$48.95	\$56.49	
Employee + Spouse 16	\$95.79	\$95.79	\$110.54	
Employee + Child(ren) 11	\$105.56	\$105.56	\$136.82	
Employee + Family 14	\$152.41	\$152.41	\$190.88	
<b>Rate Guarantee</b>	12 months		12 months	
<b>Total Annual Cost</b> 135	<b>\$113,146</b>	<b>\$113,146</b>	<b>\$135,072</b>	
% Change	0.0%		19.4%	
\$ Change	\$0		\$21,926	

### Remember

- Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, and terms and conditions of the contract.

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## Contribution Outline

		Current			Negotiated			Alternative 1			Alternative 2		
		Total Cost	ER Cost	EE Cost*	Total Cost	ER Cost	EE Cost*	Total Cost	ER Cost	EE Cost*	Total Cost	ER Cost	EE Cost*
<b>PPO Medical Plan</b>		Kaiser Permanente			Kaiser Permanente			Cigna (Fully Insured)			Cigna (Level-Funded)		
Employee	48	\$396.85	\$281.85	\$115.00	\$431.99	\$306.81	\$125.18	\$399.41	\$283.65	\$115.75	\$411.76	\$292.43	\$119.33
Employee + Spouse	5	\$876.79	\$308.97	\$567.82	\$954.44	\$336.34	\$618.10	\$882.26	\$310.95	\$571.31	\$909.55	\$320.57	\$588.98
Employee + Child(ren)	7	\$740.31	\$303.71	\$436.60	\$805.87	\$330.61	\$475.26	\$744.87	\$305.65	\$439.22	\$767.91	\$315.11	\$452.80
Employee + Family	9	\$1,220.25	\$322.24	\$898.01	\$1,328.31	\$350.77	\$977.54	\$1,228.16	\$324.30	\$903.86	\$1,266.14	\$334.33	\$931.81
<b>HMO Medical Plan</b>		Kaiser Permanente			Kaiser Permanente			Cigna (Fully Insured)			Cigna (Level-Funded)		
Employee	37	\$345.53	\$270.53	\$75.00	\$371.70	\$291.02	\$80.68	\$391.13	\$306.22	\$84.91	\$403.23	\$315.69	\$87.54
Employee + Spouse	4	\$763.40	\$269.02	\$494.38	\$821.22	\$289.39	\$531.83	\$864.03	\$304.51	\$559.52	\$890.75	\$313.93	\$576.82
Employee + Child(ren)	4	\$644.58	\$264.44	\$380.14	\$693.39	\$284.46	\$408.93	\$729.47	\$299.32	\$430.15	\$752.03	\$308.58	\$443.45
Employee + Family	1	\$1,062.45	\$280.56	\$781.89	\$1,142.91	\$301.81	\$841.10	\$1,202.73	\$317.58	\$885.16	\$1,239.93	\$327.40	\$912.53
<b>Medical Annual Cost</b>		<b>\$708,914</b>	<b>\$390,285</b>	<b>\$318,629</b>	<b>\$768,694</b>	<b>\$422,935</b>	<b>\$345,759</b>	<b>\$742,788</b>	<b>\$411,495</b>	<b>\$331,293</b>	<b>\$765,761</b>	<b>\$424,222</b>	<b>\$341,539</b>
<b>Additional Employer Contributions</b>													
Annual HSA Contribution		\$72,500	\$72,500	\$0	\$72,500	\$72,500	\$0	\$72,500	\$72,500	\$0	\$72,500	\$72,500	\$0
Annual HRA Contribution		\$70,537	\$70,537	\$0	\$75,120	\$75,120	\$0	\$75,120	\$75,120	\$0	\$75,120	\$75,120	\$0
<b>Medical Total Annual Cost</b>		<b>\$851,951</b>	<b>\$533,323</b>	<b>\$318,629</b>	<b>\$916,314</b>	<b>\$570,555</b>	<b>\$345,759</b>	<b>\$890,408</b>	<b>\$559,115</b>	<b>\$331,293</b>	<b>\$913,381</b>	<b>\$571,842</b>	<b>\$341,539</b>
<b>Dental Plan</b>		DDWA			DDWA			DDWA			DDWA		
Employee	94	\$48.95	\$28.95	\$20.00	\$48.95	\$28.95	\$20.00	\$48.95	\$28.95	\$20.00	\$48.95	\$28.95	\$20.00
Employee + Spouse	16	\$95.79	\$35.79	\$60.00	\$95.79	\$35.79	\$60.00	\$95.79	\$35.79	\$60.00	\$95.79	\$35.79	\$60.00
Employee + Child(ren)	11	\$105.56	\$45.56	\$60.00	\$105.56	\$45.56	\$60.00	\$105.56	\$45.56	\$60.00	\$105.56	\$45.56	\$60.00
Employee + Family	14	\$152.41	\$52.41	\$100.00	\$152.41	\$52.41	\$100.00	\$152.41	\$52.41	\$100.00	\$152.41	\$52.41	\$100.00
<b>Dental Total Annual Cost</b>		<b>\$113,146</b>	<b>\$54,346</b>	<b>\$58,800</b>	<b>\$113,146</b>	<b>\$54,346</b>	<b>\$58,800</b>	<b>\$113,146</b>	<b>\$54,346</b>	<b>\$58,800</b>	<b>\$113,146</b>	<b>\$54,346</b>	<b>\$58,800</b>
<b>Total Annual Cost</b>		<b>\$965,097</b>	<b>\$587,669</b>	<b>\$377,429</b>	<b>\$1,029,460</b>	<b>\$624,901</b>	<b>\$404,559</b>	<b>\$1,003,554</b>	<b>\$613,461</b>	<b>\$390,093</b>	<b>\$1,026,527</b>	<b>\$626,188</b>	<b>\$400,339</b>
<b>% Change</b>					<b>6.7%</b>	<b>6.3%</b>	<b>7.2%</b>	<b>4.0%</b>	<b>4.4%</b>	<b>3.4%</b>	<b>6.4%</b>	<b>6.6%</b>	<b>6.1%</b>
<b>\$ Change</b>					<b>\$64,363</b>	<b>\$37,233</b>	<b>\$27,130</b>	<b>\$38,457</b>	<b>\$25,793</b>	<b>\$12,664</b>	<b>\$61,430</b>	<b>\$38,519</b>	<b>\$22,911</b>

\* Under the Affordable Care Act (ACA), coverage is affordable for an employee if the employee's contribution toward the lowest-cost, self-only, minimum value coverage does not exceed a specified percentage of the employee's household income (9.56% for plan years beginning in 2018; 9.86% for plan years beginning in 2019; and 9.86% for plan years beginning in 2020). There are three safe harbors including the Federal Poverty Line safe harbor. To meet the Federal Poverty Line safe harbor for affordability for plan years starting on July 1, 2019 or prior to July 1, 2020, employee contribution for employee-only coverage cannot exceed 9.86% of the Federal Poverty Line which is equal to \$102.63 per month for the 48 contiguous states, \$128.18 for Alaska and \$118.15 for Hawaii. Note: The affordability percentage rate, and therefore the dollar amount, may change annually. Employers may use the poverty guidelines in effect within six months prior to the first day of the plan year. There are two additional safe harbor options that may be used: the Form W-2 Safe Harbor or the Rate of Pay Safe Harbor. Guidance addresses how HRAs, wellness program rewards, flex credits, defined contributions, opt-out payments, and fringe benefit payments required under the Davis-Bacon Act or the Service Contract Act affect the affordability of employer coverage. See Healthcare Reform Guidelines for details.

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## Voluntary Vision

### Benefit & Cost Outline

Employee Share of Eligible Expenses	Current/Renewal vChoice (Underwritten by VSP) Base Plan		Current/Renewal vChoice (Underwritten by VSP) Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Signature Plan		Signature Plan	
<b>Vision Plan</b>				
<b>Routine Exam Copay</b>	\$10	\$10	\$10	\$10
<b>Routine Exam</b>	Covered in full*	Reimbursed up to \$50*	Covered in full*	Reimbursed up to \$50*
<b>Materials Copay</b>	\$25	\$25	\$25	\$25
<b>Lenses</b> (per pair)		Reimbursed up to...		Reimbursed up to...
• Single Vision	No charge*	\$50*	No charge*	\$50*
• Lined Bifocals	No charge*	\$75*	No charge*	\$75*
• Lined Trifocals	No charge*	\$100*	No charge*	\$100*
<b>Frames</b>	\$130 allowance then 20% discount*	Reimbursed up to \$70*	\$130 allowance then 20% discount*	Reimbursed up to \$70*
<b>Contact Lenses</b> (in lieu of eyeglasses)				
• Fitting and Evaluation	Up to \$60 copay after 15% discount	Reimbursed up to \$105 for services and materials	Up to \$60 copay after 15% discount	Reimbursed up to \$105 for services and materials
• Elective Contacts	\$130 allowance		\$130 allowance	
<b>Frequency</b> (Exam/Lenses/Frames/Contacts)	12/12/24/12 Months		12/12/12/12 Months	
<b>Monthly Rates</b>	<i>Base</i>	<i>Buy-Up</i>	<i>Current</i>	<i>Renewal</i>
Employee Only	32	6	\$7.86	\$7.86
Employee + Spouse	6	7	\$12.58	\$12.58
Employee + Child(ren)	2	3	\$12.84	\$12.84
Employee + Family	5	0	\$20.71	\$20.71
<b>Rate Guarantee</b>			12 more months	12 more months
<b>Total Annual Cost</b>	<b>45</b>	<b>16</b>	<b>\$5,475</b>	<b>\$5,475</b>
<b>% Change</b>			0.0%	0.0%
<b>\$ Change</b>			\$0	\$0

\*Less any applicable copay.

#### Remember

- Out-of-Network benefits reflect the maximum reimbursement for specific services.
- Members may receive additional discount off of non-covered lens options when services are received from a VSP network provider.
- Frequency applies on a beginning with the first date of service.

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## Life/AD&D

### Benefit & Cost Outline

Current/Renewal Lincoln Financial Group				
Life and AD&D Plan				
Benefit Amount	\$10,000			
Guarantee Issue	\$10,000			
Additional Features <ul style="list-style-type: none"><li>• Accelerated Benefit</li><li>• Conversion</li><li>• Portability</li><li>• Waiver of Premium</li></ul>	Up to 75% Included Included Included			
Benefit begins to reduce at age	65			
Monthly Rates		Volume	Current	Renewal
Life (per \$1,000 of benefit)	\$1,714,500	\$0.160	\$0.160	
AD&D (per \$1,000 of benefit)	\$1,714,500	\$0.020	\$0.020	
Rate Guarantee			12 more months	
Total Annual Cost	Lives: 179	\$3,703	\$3,703	
% Change			0.0%	
\$ Change			\$0	

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## Long-Term Disability

### Benefit & Cost Outline

Current/Renewal Lincoln Financial Group			
<b>Long-Term Disability (LTD)</b>			
Elimination Period	90 days		
Covered Monthly Earnings	60%		
Benefit Maximum	\$5,000		
Benefit Minimum	Greater of 10% or \$100		
Definition of Earnings	Basic Monthly Earnings		
Definition of Disability	24 months own occupation		
Maximum Duration	SSNRA		
Tax Free Benefit (Gross Up)	No		
Benefit Limitations			
• Pre-Existing Condition	3/12		
• Mental Health & Chemical Dependency	24 months		
• Self-Reported	24 months		
Additional Features			
• Conversion	Included		
• W2 Prep	Included		
• FICA Matching	Included		
• Employee Assistance Program	Included with up to 4 face-to-face visits PCY		
<b>Monthly Rates</b>	<b>Volume</b>	<b>Current</b>	<b>Renewal</b>
LTD (per \$100 of covered monthly payroll)	\$618,198	\$0.180	\$0.180
Rate Guarantee			12 more months
Total Annual Cost	Lives: 179	<b>\$13,353</b>	<b>\$13,353</b>
% Change			0.0%
\$ Change			\$0

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# Voluntary Life

## Benefit & Cost Outline

Current/Renewal vChoice (Underwritten by Unum)	
Voluntary Life Monthly Rates	
Employee and Spouse (per \$1,000)	
< 25	\$0.057
25 - 29	\$0.069
30 - 34	\$0.092
35 - 39	\$0.103
40 - 44	\$0.115
45 - 49	\$0.172
50 - 54	\$0.264
55 - 59	\$0.493
60 - 64	\$0.756
65 - 69	\$1.456
70 +	\$2.361
Child(ren) (per unit) - Birth to Age 26	\$2.500

Current/Renewal vChoice (Underwritten by Unum)	
Voluntary Life Plan	
<b>Benefit Options</b>	
• Employee	1-5 x earning rounded to \$10,000
• Spouse	.5-2.5 x earnings rounded to \$5,000
• Children (6 months to 26 years)	\$10,000
• Infant (newborn to 6 months)	\$1,000
<b>Benefit Maximum</b>	Lesser of...
• Employee	5 x earnings or \$500,000
• Spouse	50% of employees amount or \$250,000
• Children (6 months to 26 years)	\$10,000
• Infant (newborn to 6 months)	\$1,000
<b>Guarantee Issue</b>	
• Employee	\$210,000
• Spouse	\$105,000
• Children (6 months to 26 years)	\$10,000
• Infant (newborn to 6 months)	\$1,000
<b>Definition of Earnings</b>	Base salary + commissions
<b>Additional Features</b>	
• Accelerated Benefit	75% to \$500,000
• Conversion	Included
• Portability	Included
• Waiver of Premium	Included
<b>Benefit begins to reduce at age</b>	70
<b>Participation Requirement</b>	10

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# Voluntary AD&D

## *Benefit & Cost Outline*

<b>Current/Renewal</b>	
vChoice (Underwritten by Standard)	
<b>Voluntary AD&amp;D Plan</b>	
<b>Benefit Options</b>	
<ul style="list-style-type: none"> <li>Employee</li> <li>Spouse</li> <li>Children (newborn to 26 years)</li> </ul>	\$100,000 increments 50% of employee amount \$10,000
<b>Benefit Maximum</b>	
<ul style="list-style-type: none"> <li>Employee</li> <li>Spouse</li> <li>Children (newborn to 26 years)</li> </ul>	Lesser of... 10 x earnings or \$500,000 50% of employee amount or \$250,000 \$10,000
<b>Definition of Earnings</b>	Base salary + commissions
<b>Additional Features</b>	
<ul style="list-style-type: none"> <li>Portability</li> <li>Waiver of Premium</li> </ul>	Included Not included
<b>Participation Requirement</b>	10
<b>Voluntary AD&amp;D Monthly Rates</b>	
<b>Employee</b> (per \$1,000)	\$0.047
<b>Spouse</b> (per \$1,000)	\$0.047
<b>Child(ren)</b> (per \$1,000)	\$0.047

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## Administration Services

### Cost Outline


#### Single Billing Services

Current/Renewal GBS Administrators	
Total Annual Fees	Your fee structure is 2% of monthly medical costs, included in Kaiser's medical premium.

- SBS regeneration fee not paying as billed - \$50
- Cigna will cover the cost of SBS if medical carriers move

#### Benefit Advocate Center

Current/Renewal GBS	
PEPM Administration Fee	Included

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## Annual Cost Summary

### Current

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$4,500 Ded.	\$708,914	\$390,285	\$318,629
HSA Funding		\$500 per individual/\$1,000 per family	\$72,500	\$72,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$70,537	\$70,537	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$113,146	\$54,346	\$58,800
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$3,703	\$3,703	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$13,353	\$13,353	\$0
Single Billing Services	GBS Administrations	SBS Administration		Included in Medical	
<b>Total Annual Cost</b>			<b>\$982,154</b>	<b>\$604,725</b>	<b>\$377,429</b>

### Negotiated

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$4,500 Ded.	\$768,694	\$422,935	\$345,759
HSA Funding		\$500 per individual/\$1,000 per family	\$72,500	\$72,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$75,120	\$75,120	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$113,146	\$54,346	\$58,800
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$3,703	\$3,703	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$13,353	\$13,353	\$0
Single Billing Services	GBS Administrations	SBS Administration		Included in Medical	
<b>Total Annual Cost</b>			<b>\$1,046,517</b>	<b>\$641,958</b>	<b>\$404,559</b>
% Change			6.6%	6.2%	7.2%
\$ Change			\$64,363	\$37,233	\$27,130

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## Annual Cost Summary

### Current

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$4,500 Ded.	\$708,914	\$390,285	\$318,629
HSA Funding		\$500 per individual/\$1,000 per family	\$72,500	\$72,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$70,537	\$70,537	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$113,146	\$54,346	\$58,800
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$3,703	\$3,703	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$13,353	\$13,353	\$0
Single Billing Services	GBS Administrations	SBS Administration		Included in Medical	
<b>Total Annual Cost</b>			<b>\$982,154</b>	<b>\$604,725</b>	<b>\$377,429</b>

### Alternative 1

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Cigna (Fully Insured)	Dual Option PPO/HMO \$4,500 Ded.	\$742,788	\$411,495	\$331,293
HSA Funding		\$500 per individual/\$1,000 per family	\$72,500	\$72,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$75,120	\$75,120	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$113,146	\$54,346	\$58,800
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$3,703	\$3,703	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$13,353	\$13,353	\$0
Single Billing Services	GBS Administrations	SBS Administration		Included in Medical	
<b>Total Annual Cost</b>			<b>\$1,020,611</b>	<b>\$630,518</b>	<b>\$390,093</b>
% Change			3.9%	4.3%	3.4%
\$ Change			\$38,457	\$25,793	\$12,664

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## Annual Cost Summary

### Current

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$4,500 Ded.	\$708,914	\$390,285	\$318,629
HSA Funding		\$500 per individual/\$1,000 per family	\$72,500	\$72,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$70,537	\$70,537	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$113,146	\$54,346	\$58,800
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$3,703	\$3,703	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$13,353	\$13,353	\$0
Single Billing Services	GBS Administrations	SBS Administration		Included in Medical	
<b>Total Annual Cost</b>			<b>\$982,154</b>	<b>\$604,725</b>	<b>\$377,429</b>

### Alternative 2

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Cigna (Level-Funded)	Dual Option PPO/HMO \$4,500 Ded.	\$765,761	\$424,222	\$341,539
HSA Funding		\$500 per individual/\$1,000 per family	\$72,500	\$72,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$75,120	\$75,120	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$113,146	\$54,346	\$58,800
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$3,703	\$3,703	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$13,353	\$13,353	\$0
Single Billing Services	GBS Administrations	SBS Administration		Included in Medical	
<b>Total Annual Cost</b>			<b>\$1,043,584</b>	<b>\$643,244</b>	<b>\$400,339</b>
% Change			6.3%	6.4%	6.1%
\$ Change			\$61,430	\$38,519	\$22,911

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## Carriers Invited To Bid

Self-Insured Plan Administration (TPA)	Response	Commission or Broker Fee	Supplemental Compensation
HMA	Shown in Proposal	Net of commission	\$0.00 to \$40.00 PEPY
First Choice	Not shown - Base PEPM Admin Fee 53.8% over HMA	N/A	Not Applicable

Stop Loss	AM Best Rating	Response	RFI Available	Commission or Broker Fee	Supplemental Compensation
Symetra	A	Shown in Proposal	Yes	5.3%	2.5% of Premium
HM	A	DTQ - 37% over current (expected) / 59% over (maximum)	Yes	N/A	3.0% of Premium

Fully-Insured Medical Plans	Response	Commission or Broker Fee	Supplemental Compensation
Kaiser Permanente WA	Current Carrier - Shown in Proposal	5.3%	Not Applicable
Cigna	Shown in Proposal	\$29.41 PEPM	\$0.00 to \$28.00 PEPY
Regence BlueShield	Not shown - 22.9% over current and 6.6% over renewal	N/A	\$0.00 to \$40.00 PEPY
Premiera Blue Cross	Not shown - 32.9% over current and 15.5% over renewal	N/A	0.0% to 0.8% of medical premium
Business Health Trust	Not shown - 30.4% over current and 13.3% over renewal	N/A	Not Applicable
United Healthcare	DTQ - Per UHC: "We have conducted a review of your request and have determined that our rates are uncompetitive and we coming in over the 2019 renewal"	N/A	Not Applicable
Aetna	DTQ - Per Aetna: "We have evaluated all aspects of this group and we have determined we will not be competitive"	N/A	\$0.00 to \$30.00 PMPY
Christian Brothers	DTQ - Group must be part of the Catholic Church to participate	N/A	Not Applicable

Gallagher vChoice Plans	Response	Commission or Broker Fee	Supplemental Compensation
Vision - Vision Service Plan	Current Carrier - Shown in Proposal	10.0%	Not Applicable

Fully-Insured Dental Plans	Response	Commission or Broker Fee	Supplemental Compensation
Delta Dental of Washington	Current Carrier - Shown in Proposal	10.0%	Not Applicable

Miscellaneous Benefit Lines	Response	Commission or Broker Fee	Supplemental Compensation
HRA Administration - NMR	Current Carrier - Shown in Proposal	Net of commission	Not Applicable
Benefit Advocate Center - GBS	Current Carrier - Shown in Proposal	Net of commission	Not Applicable
Single Billing Services - GBSA	Current Carrier - Shown in Proposal	Net of commission	Not Applicable

Gallagher companies may receive supplemental compensation referred to in a variety of terms and definitions, such as contingent commissions, additional commissions and supplemental commission.

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## Carriers Invited To Bid


Life/AD&D and Disability Plans	AM Best Rating	Response	Commission or Broker Fee	Supplemental Compensation
Lincoln Financial Group	A+	Current Carrier - Shown in Proposal	Life: 20% LTD: 10%	1.0% to 4.5% of Premium

Gallagher vChoice Plans	AM Best Rating	Response	Commission or Broker Fee	Supplemental Compensation
Life - Unum	A	Current Carrier - Shown in Proposal	20.0%	1.25% of Premium
AD&D - Standard	A	Current Carrier - Shown in Proposal	25.0%	1.5% to 2.25% of Premium
Pet Insurance - PetsBest	N/A	Current Carrier - Not Shown	7.5%	Not Applicable
Additional Administrative Fee	N/A	Current Carrier - Shown in Proposal	\$1.25 PEPM	Not Applicable

*Gallagher companies may receive supplemental compensation referred to in a variety of terms and definitions, such as contingent commissions, additional commissions and supplemental commission.*

While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g., HMO) organizations, reflects their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

A.M. Best's Rating Scale					
Level	Category	Level	Category	Level	Category
A++, A+ .....	Superior	B, B- .....	Fair	D .....	Poor
A, A- .....	Excellent	C++, C+ .....	Marginal	E .....	Under Regulatory Supervision
B++, B+ .....	Very Good	C, C- .....	Weak	F .....	In Liquidation
				S .....	Rating Suspended
Financial Size Categories					
FSC I .....	Up to \$1,000	FSC IX .....	\$250,000 to \$500,000		
FSC II .....	\$1,000 to \$2,000	FSC X .....	\$500,000 to \$750,000		
FSC III .....	\$2,000 to \$5,000	FSC XI .....	\$750,000 to \$1,000,000		
FSC IV .....	\$5,000 to \$10,000	FSC XII .....	\$1,000,000 to \$1,250,000		
FSC V .....	\$10,000 to \$25,000	FSC XIII .....	\$1,250,000 to \$1,500,000		
FSC VI .....	\$25,000 to \$50,000	FSC XIV .....	\$1,500,000 to \$2,000,000		
FSC VII .....	\$50,000 to \$100,000	FSC XV .....	\$2,000,000 Or More		
FSC VIII .....	\$100,000 to \$250,000		(In \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)		
Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.					

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## Non-Grandfathered Status

You had a health policy in effect prior to March 23, 2010, and because you have made significant enough plan changes to have lost your grandfathered status, you must comply with the additional requirements under the Affordable Health Care Act (ACA).

**Examples of plan changes that could have caused you to lose grandfathered status include, but may not be limited to:**

- Significantly cut or reduce benefits; or
- Add or reduce annual dollar limits; or
- Raise coinsurance percentages; or
- Increase deductibles or out-of-pocket maximums by more than the amounts allowed based on medical inflation\*; or
- Increase employee contribution percentage by more than 5% of the contribution rate on March 23, 2010 (determined contribution rate based on COBRA valuation for self-insured plans).

\*Medical inflation is the increase since March 2010 in the overall medical care component of the Consumer Price Index for All Urban Consumers (CPI-U) (unadjusted) published by the Department of Labor.

Your plan must comply with the provisions that apply to grandfathered plans in addition to the provisions that apply to non-grandfathered plans. The additional requirements that apply to non-grandfathered plans include, but are not limited to:

- Provide coverage to children to age 26 regardless of whether they are eligible for their own employment-based coverage; and
- Provide coverage of recommended preventive services with no cost sharing; and
- Include patient protections such as guaranteed access to emergency room services and OB-GYNs and pediatricians; and
- Include new claims appeal rules including both internal and external review; and
- Comply with nondiscrimination rules for fully insured health plans under Code §105(h) which prohibit discrimination in favor of highly compensated individuals as to benefits and eligibility requirements (pending release of final regulations).

**For plan years starting on or after January 1, 2014,** plans that have lost grandfathered status will also have to comply with the following:

- No discrimination against individuals participating in clinical trials (insured plans only); and
- No discrimination based on health status; and
- Provide essential benefits (insured plans only) and prohibit cost sharing in excess of the limits for qualified high deductible health plans; and
- No discrimination against healthcare providers acting within the scope of their professional license and applicable State law; and
- Prohibit out-of-pocket limits in excess of applicable out of pocket limits as determined by HHS for plan years starting on or after January 1, 2015.


**NOTE: This is only a brief summary of ACA guidance, intended to highlight points with the most universal impact. It is not intended to be a complete summary of requirements, changes, or regulations. Further guidance and probable changes are expected to continue.**

## Employer Shared Responsibility Mandate/ACA Compliance

<b>Employer Shared Responsibility Mandate (ESRM)</b> Applicable Large Employer	50+ full-time equivalent employees	An employer that employed at least 50 full time equivalent employees (FTE) in the preceding calendar year is required to offer affordable, minimum value health coverage to substantially all FTEs and dependent children or pay a penalty.
<b>Member of Controlled Group?</b>	Subject to Employer Determination	If the total of FTEs for all employers in the controlled group is at least 50, each separate company is and applicable large employer and is subject to the employer mandate. Penalties are then imposed based on the offer of coverage provided by each separate company.
<b>Medical Plan(s) meet Minimum Essential Coverage?</b>	Yes	A plan must meet the minimum essential coverage requirement for an applicable large employer to meet employer mandate requirement. The Summary of Benefits & Coverage is required to reflect if the plan is minimum essential coverage.
<b>Offering to 95% of full-time employees?</b>	Subject to Employer Determination	An applicable large employer is required to offer minimum essential coverage to at least 95% of full-time employees or be subject to a penalty.
<b>Medical Plan(s) meet Minimum Value?*</b>	Yes	If the plan is not of a minimum value, then an employee will be eligible to seek premium assistance from the Marketplace (Exchange). If the employee receives premium assistance through the Marketplace, the employer will be subject to a penalty. The SBC is required to reflect whether the plan is of a minimum value.
<b>Affordable Coverage?*</b>	Subject to Employer Determination	If the cost of health coverage for the employee is unaffordable, then an employee will be eligible to seek premium assistance to purchase a plan from the Marketplace. If the employee receives premium assistance to purchase health coverage, then the employer would be subject to a penalty.

\*ACA requires employers covered by the Fair Labor Standards Act to notify employees about the availability of health insurance options for the public marketplaces/exchanges. The Marketplace Notice you provide to new employees may need to be updated if the minimum value and/or affordable coverage status of your plan changes.

**NOTE:** The answers outlined here are based on the recommendations of this proposal. If these options are not chosen, are modified or final contributions differ, you may be subject to fees and penalties.

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# Proposal Assumptions

## General Assumptions

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- Carriers reserve the right to revise rates should any federal, state or local authority mandate a change in benefits or impose or change a tax on plan revenue during the contract period.
- A group health plan may not reduce its coverage of the costs of pediatric vaccines (as defined under section 1928(h)(6) of the Social Security Act as amended by section 13830 of the Omnibus Budget Reconciliation Act of 1993) below the coverage it provided as of May 1, 1993. If the preventive care benefit which includes immunizations is currently in or is added to your medical plan it cannot in the future be deleted.
- Generally all lines of coverage within a carrier must be packaged and have common eligibility.
- Retirees are not eligible for coverage unless they qualify for a COBRA extension.
- Final rates will be based on actual enrollment, participation, employer contribution and other underwriting guidelines.
- Effective date of September 1, 2019. Unless otherwise indicated, rates will be guaranteed for 12 months.
- For plan years ending on or after October 1, 2017, group health plans will be assessed a \$2.39 per life per year Patient-Centered Outcomes Research Institute Fee (PCORI).  
For plan years ending on or after 10/1/18 but before 10/1/19, the fee will be \$2.45 per life per year. Fees will be based on the average number of lives covered under the plan during that year. The fee will be paid by the insurer for insured plans and by the plan sponsor for self-insured health plans. For any renewal effective on or after 10/2/18 PCORI does not apply (unless there is a short plan year). If plan year ends on 9/30/19, PCORI does apply.
- **Employer Contribution:** Please refer to contribution page.
- **Eligible Employees:** Employees must work 30 hours per week to be eligible.
- **Probationary Period:** First of month following date of hire.

## Kaiser Permanente

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- Rates are guaranteed for 12 months until September 1, 2020.
- The employer must contribute at least 50% of the employee-only monthly premium, and the contributions may not be made in a discriminatory manner.
- The proposed rates and benefits assume that 75% of all eligible employees are enrolled in a company-sponsored plan, excluding those who have documented other qualified coverage.
- If enrollment or demographic impact at initial sale effective date has changed by 10% or more from what was bid, the carrier reserves the right to re-rate that new business.
- ACA requires non-grandfathered plans to provide in-network coverage of recommended preventive services with no cost sharing.
- The Mental Health Parity and Addiction Equity Act requires benefits for mental health and substance abuse be similar to those applied to medical/surgical benefits.
- As stated in "General Assumptions."



# Proposal Assumptions

## Cigna

- Rates are guaranteed for 12 months until September 1, 2020.
- The proposed rates and benefits assume that enrollment in the Cigna HealthCare administered plan is at least 50% of the total eligible population identified as 183.
- If enrollment or demographic impact at initial sale effective date has changed by 10% or more from what was bid, the carrier reserves the right to re-rate that new business.
- ACA requires non-grandfathered plans to provide in-network coverage of recommended preventive services with no cost sharing.
- The Mental Health Parity and Addiction Equity Act requires benefits for mental health and substance abuse be similar to those applied to medical/surgical benefits.
- As stated in "General Assumptions."


### Level Funded Arrangement

- Current Specific Stop Loss Deductible is \$50,000.
- Aggregate Corridor is 120%.
- Includes Rx claims for the Individual Stop Loss (ISL) coverage.
- Includes Rx claims for the Aggregate Stop Loss (ASL) coverage.
- Stop Loss contract covers claims incurred since policy inception and are paid during the current policy year. The paid period will be extended in the year of termination to include the 15 months immediately following.
- **Stop Loss Rates:**

OAP Plan	Individual Stop Loss	Aggregate Stop Loss
Employee	\$159.67	\$15.40
Emp + Spouse	\$352.71	\$34.00
Emp + Child(ren)	\$297.78	\$28.71
Emp + Family	\$490.98	\$47.34
OAP (IN) Plan	Individual Stop Loss	Aggregate Stop Loss
Employee	\$145.59	\$15.92
Emp + Spouse	\$321.61	\$35.16
Emp + Child(ren)	\$271.53	\$29.69
Emp + Family	\$447.69	\$48.95

## HMA

- Rates are guaranteed for 12 months until September 1, 2020.
- HMA requires that their clients partners with one of our Preferred Stop Loss Partners. These include SunLife, Symetra, HM, HCC Tokio Marine, Optum Health, QBE, Physicians, Voya, Munich Re, SwissRe, ISU, Commencement Bay Risk Management and Reliance Standard.
- As stated in "General Assumptions."

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# Proposal Assumptions

## Symetra

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- Rates are guaranteed for 12 months until September 1, 2020.
- Plan sponsor's Plan Document or Plan Document Amendment is due no later than 90 days after the proposed effective/renewal date of Excess Loss Insurance coverage.
- Please provide details on any individual who has been hospital confined for 30 days or more in the most recent 12 months or is currently on an organ transplant list.
- Any unfunded or pended claims balance must be disclosed, otherwise such claims will not be considered eligible under the Excess Loss Policy.
- This proposal is based upon the following network(s): Blues ASO
- Network Fees are ineligible expenses.
- Retirees are excluded from coverage under the Stop Loss Policy.
- Completed Symetra Disclosure Statement including: diagnosis, treatment received, current status, expected treatment and amount paid during the experience period as of the effective date of coverage.
- Terms are subject to change if final enrollment varies by more than 10% from proposal assumptions. Current census must be received at least 14 days prior to the effective date.
- Updated Large Claims data as well as Monthly Paid Claims and Enrollments as of 90 days prior to the effective date

## Delta Dental of WA

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- Rates are guaranteed for 12 months until September 1, 2020.
- As stated in "General Assumptions."

## Lincoln Financial

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- Rates are guaranteed for 12 more months until September 1, 2020.
- All employees must be actively at work on their effective date in order to be covered.
- As stated in "General Assumptions."
- Your Plan is potentially discriminatory if it provides a better life insurance benefit to key employees; either on the basis of eligibility, difference in flat amount of benefit, or difference in multiplier. There are nondiscrimination tests that should be reviewed. If your Plan is discriminatory, you would have to tax your key employees on the value of the total amount of employer-paid life insurance.

## NMR

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- Rates are guaranteed for 12 months until September 1, 2020.
- As stated in "General Assumptions."

## GBS Administrators

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- Rates are guaranteed for 12 months until September 1, 2020.
- As stated in "General Assumptions."

## Proposal Assumptions

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### **Gallagher vChoice (Voluntary Vision - Underwritten by VSP)**

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- As stated in "General Assumptions."

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### **Gallagher vChoice (Voluntary Life - Underwritten by Unum)**

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

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### **Gallagher vChoice (Voluntary AD&D - Underwritten by Standard)**

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

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### **Gallagher vChoice (Voluntary Pet Insurance - Underwritten by PetsBest)**

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

## Gallagher Benefit Services Disclaimers

### Coverage


This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.

### Renewal/Financial

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

### Legal

The intent of this analysis [report, letter, etc.] is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

Prepared by:  
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# Gallagher Benefit Services Privacy Policy Disclosure

6/10/2019

Cedar Park Assembly of God  
Steve Orcutt  
16300 112 Ave NE  
Bothell, WA - 98011

RE: Privacy Policy Disclosure

Dear Steve Orcutt,

Gallagher Benefit Services, Inc. (Gallagher) treats your personal privacy with care and respect. Because we value our client relationships, we do not disclose our clients' nonpublic personal, financial or health information with third parties, except for the specific purposes listed in the enclosed Privacy Policy Summary or as otherwise permitted by law. Personal information is any information that can be used to identify, locate or contact you or your employees. Personal information does not include publicly available information or individually identifiable business contact information of employees such as name, title, business address, business telephone number or business email address.

Applicable law requires Gallagher to provide our clients with notice of our Privacy Policy, a summary of which is enclosed here (the full text of the Gallagher Privacy Policy can be retrieved at the following URL: <http://www.ajg.com/privacy-policy/>). This policy does not apply to our efforts to market our products and services to you, so you may receive information from us regarding products that may suit your needs.

Gallagher has always been mindful of our clients' privacy. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal, financial and health information and that of your employees.

Thank you for choosing Gallagher Benefit Services, Inc. We appreciate your business and value our relationship.

Enclosure: Privacy Policy Summary

Prepared by:  
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## Gallagher Benefit Services Privacy Policy Disclosure


This Privacy Policy Disclosure outlines and summarizes our information sharing practices to help you understand how we protect your privacy and that of your employees when we collect and use information about you and your employees, and the measures we take to safeguard that information.

**Information We May Collect.** We may collect the following nonpublic personal, financial or health information about you or your employees including:

- Information we receive from you and your employees on applications or questionnaires, such as occupation, current employer and social security number;
- Information about your transactions with us, our affiliates or previous insurers; such as your policy coverage, claim information, premiums and payment history;
- Information we receive from consumer-reporting agencies such as Equifax that is obtained for the purpose of ascertaining credit histories. These reports are obtained as underwriting tools to determine bill paying habits and credit worthiness for certain individual, personal insurance products. These reports are not subject to race, gender or income.
- Information that allows us to communicate with you or your employees, such as name, user name, password, age, marital status, occupation, mailing address, telephone numbers, email address, or other addresses that allow us to send a message;
- Information that assists us to conduct business with you or your employees, such as types of products or services that may be of interest, employee financial information, or information on your company's size, revenue, type, industry codes, demographics, locations, and financial information;
- Information about your transactions with us, our affiliates, or your previous providers;

**Information We Disclose.** We do not disclose any nonpublic personal, financial or health information about our clients, former clients or their employees to anyone, except for the purposes of placing your insurance coverage(s), fulfilling your requests for products or services and related activities, responding to your requests for a call or email, processing transactions you request, telling you about products or services we offer and as otherwise permitted by law.

**Information Security.** We restrict access to nonpublic personal, financial or health information about you and your employees to those employees and subcontractors who have a need to know that information to provide products or services to you or your employees. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal, financial and health information and that of your employees.

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# Exhibit L



**Gallagher**

Insurance | Risk Management | Consulting



## 2020/2021 Employee Benefit Analysis and Recommendations

Proposed Effective Date: September 1, 2020

Jami Hansen, Area-Vice President/Client Consultant

*Melinda Hansen, Client Manager*

*James Stanek, Benefit Analyst*

Date Presented: July 9, 2020

**IMPORTANT:** This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.



Cedar Park 000439





## Medical Cost Outline

### PPO Plan

		Current Kaiser Permanente	Renewal Kaiser Permanente	Negotiated* Kaiser Permanente	Alternative Cigna (Level-Funded) Single Plan Option (PPO)
<b>Monthly Rates</b>					
Employee Only	49	\$431.99	\$498.22	\$470.87	\$466.86
Employee + Spouse	6	\$954.44	\$1,100.76	\$1,040.34	\$1,027.10
Employee + Child(ren)	9	\$805.87	\$929.41	\$878.40	\$870.69
Employee + Family	9	\$1,328.31	\$1,531.95	\$1,447.86	\$1,435.60
<b>PPO Plan Annual Cost</b>	<b>73</b>	<b>\$553,221</b>	<b>\$638,035</b>	<b>\$603,011</b>	<b>\$597,544</b>
% Change			15.3%	9.0%	8.0%
\$ Change			\$84,814	\$49,790	\$44,323

### HMO Plan

		Current Kaiser Permanente	Renewal Kaiser Permanente	Negotiated* Kaiser Permanente	Alternative Cigna (Level-Funded) Single Plan Option (PPO)
<b>Monthly Rates</b>					
Employee Only	42	\$371.70	\$425.00	\$405.15	\$466.86
Employee + Spouse	3	\$821.22	\$938.99	\$895.13	\$1,027.10
Employee + Child(ren)	5	\$693.39	\$792.83	\$755.80	\$870.69
Employee + Family	2	\$1,142.91	\$1,306.81	\$1,245.77	\$1,435.60
<b>HMO Plan Annual Cost</b>	<b>52</b>	<b>\$285,934</b>	<b>\$326,937</b>	<b>\$311,668</b>	<b>\$358,969</b>
% Change			14.3%	9.0%	25.5%
\$ Change			\$41,003	\$25,734	\$73,035
<b>Total Annual Cost</b>	<b>125</b>	<b>\$839,155</b>	<b>\$964,972</b>	<b>\$914,679</b>	<b>\$956,513</b>
% Change			15.0%	9.0%	14.0%
\$ Change			\$125,817	\$75,524	\$117,358
<b>HSA Annual Contribution</b>		<b>\$79,500</b>	<b>\$79,500</b>	<b>\$79,500</b>	<b>\$79,500</b>
<b>HRA Annual Contribution</b>		<b>\$98,956</b>	<b>\$104,912</b>	<b>\$104,912</b>	<b>\$104,912</b>
<b>Combined Medical/HSA/HRA Annual Cost</b>		<b>\$1,017,611</b>	<b>\$1,149,384</b>	<b>\$1,099,092</b>	<b>\$1,140,925</b>
% Change			12.9%	8.0%	12.1%
\$ Change			\$131,773	\$81,481	\$123,315

### Remember

- All plan options meet the requirements to be considered Minimum Essential Coverage and a Minimum Actuarial Value Plan.
- Kaiser negotiated rates shown are estimated at 9% above current. Actual rates have not yet been released
- HSA funding assumes \$500 per individual and \$1,000 per family.
- Cigna Level Funded Arrangement offers 50% surplus share.
- Cigna has agreed to pay for Single Billing Services.
- Cigna quote excludes coverage for elective abortions and Abortifacient Drugs (for both Level-Funded and Fully-Insured plans).
- Cigna is also offering a one-time Transitional Relief Credit, worth 2% overall, or approximately \$19,100 – applied upfront, towards fixed costs on their Level Funding quote.
- Cigna Fully-Insured rates would be 1% under the Level-Funded rates illustrated.

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## Level-Funded Medical

### Cost Outline

Proposed Cigna		
<b>Monthly Rates</b>		
Employee Only	91	\$466.86
Employee + Spouse	9	\$1,027.10
Employee + Child(ren)	14	\$870.69
Employee + Family	11	\$1,435.60
<b>Annual Cost</b>	<b>125</b>	<b>\$956,513</b>
% Change		
\$ Change		


### Level Funding

Proposed Cigna		
<b>Administration Fees (Includes Commissions)</b>		
Employee Only		\$26.54
Employee + Spouse		\$58.40
Employee + Child(ren)		\$49.50
Employee + Family		\$81.62
<b>Individual &amp; Aggregate Stop Loss</b>		
Employee Only		\$155.70
Employee + Spouse		\$342.54
Employee + Child(ren)		\$290.38
Employee + Family		\$478.77
<b>Claims Funding</b>		
Employee Only		\$284.62
Employee + Spouse		\$626.16
Employee + Child(ren)		\$530.81
Employee + Family		\$875.21



#### Remember

- \$50,000 ISL, 120% Corridor
- 50/50 Surplus Split: 1/2 Retained by Cigna, 1/2 Returned to Employer.
- All plan options meet the requirements to be considered Minimum Essential Coverage and a Minimum Actuarial Value Plan.

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# HRA Administration

## Cost Comparison and Utilization - Deductible Only HRA

Administration Costs		Current NMR	Renewal NMR
Submission Fee (Per Employee)	27	\$40.00	\$40.00
Renewal Fee Per Plan Per Year		\$225.00	\$225.00
<b>Total Annual Administration Cost</b>		<b>\$1,305</b>	<b>\$1,305</b>


Reimbursement Limits		Current/Renewal NMR
<b>PPO Plan Deductible</b>		\$4,500/\$9,000
Employee	49	\$3,150
Employee & Family	24	\$6,300
<b>HMO Plan Deductible</b>		\$4,500/\$9,000
Employee	42	\$3,150
Employee & Family	10	\$6,300
<b>Annual Maximum Liability</b>		<b>\$500,850</b>

HRA Utilization Costs and Projections	2019 Reimbursements	Year to Date 1/1/2020 - 5/31/2020	Current Completion Projection	Renewal Projection
<b>Combined Plan Utilization</b>	\$92,036	\$23,032	\$97,651	\$103,607
<b>% of Max Utilization</b>	<b>18.4%</b>	<b>4.6%</b>	<b>19.5%</b>	<b>20.7%</b>

Total Costs Projection	Current Projected	Renewal Projected
<b>Administration Cost</b>	\$1,305	\$1,305
<b>Projected Utilization</b>	\$97,651	\$103,607
<b>Total HRA Annual Cost Projection</b>	<b>\$98,956</b>	<b>\$104,912</b>

### Remember

- HRA Utilization Projection is calculated based on current plan designs. If plan designs are changed, it will cause a change in utilization pattern. Actual utilization may vary.
- HRA Projection Trend: 6.1%

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# HRA Administration

## *Benefit Outline - Deductible Only HRA*

Current/Renewal NMR	
<b>PPO Plan</b>	
<b>Member Responsibility Before HRA</b>	
Employee	\$1,350
Employee & Family	\$2,700
<b>HRA Reimbursement Toward Deductible</b>	
Employee	\$3,150
Employee & Family	\$6,300
<b>Total Deductible</b>	
Employee	\$4,500
Employee & Family	\$9,000

Current/Renewal NMR	
<b>HMO Plan</b>	
<b>Member Responsibility Before HRA</b>	
Employee	\$1,350
Employee & Family	\$2,700
<b>HRA Reimbursement Toward Deductible</b>	
Employee	\$3,150
Employee & Family	\$6,300
<b>Total Deductible</b>	
Employee	\$4,500
Employee & Family	\$9,000

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# Medical

## Benefit Outline

PCY = Per Calendar Year	Current/Renewal Kaiser Permanente	Current/Renewal Kaiser Permanente		Alternative Cigna	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Medical Plan</b>	<b>Core HMO</b>	<b>Access PPO</b>		<b>Cigna OAP</b>	
<b>Annual Deductible</b> (Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000		\$4,500/\$9,000	
<b>Coinsurance</b>	10%	10% (5%*)	30%	10%	30%
<b>Annual Out-of-Pocket Maximum</b> (Individual/Family)	\$6,650/\$13,300	\$6,550/\$13,100		\$6,550/\$13,100	
<b>Preventive Care</b>	Covered in full	Covered in full	30% after deductible	Covered in full	Not covered
<b>Outpatient Services</b>					
• Office Visit	10% after deductible	10%* after deductible	30% after deductible	10% after deductible	30% after deductible
• Diagnostic Lab & X-ray	10% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
• Surgery	10% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
• Rehabilitation	10% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
	Up to 60 visits PCY	Up to 60 visits PCY		Up to 60 visits PCY	
<b>Other Services</b>					
• Chiropractic Care	10% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
	Up to 10 visits PCY	Up to 8 visits PCY		Up to 12 visits PCY	
• Acupuncture	10% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
	Up to 12 visits PCY	Up to 12 visits PCY		Up to 12 visits PCY	
<b>Urgent Care</b>	10% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Emergency Room</b>	10% after deductible	10% after deductible		10% after deductible	
<b>Inpatient Hospitalization</b>	10% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Prescription Drug Plan</b>	<b>At Preferred Pharmacies</b>	<b>At Preferred Pharmacies</b>		<b>At Preferred Pharmacies</b>	
<b>Retail Pharmacy</b> (30-day supply)	<b>Medical Deductible Applies</b>	<b>Medical Deductible Applies</b>		<b>Medical Deductible Applies</b>	
• Preferred Generic	\$20 after deductible	\$10 (\$10*) after deductible		10% after deductible	
• Preferred Brand	\$40 after deductible	\$35 (\$30*) after deductible		10% after deductible	
• Non-Preferred Generic and Brand	\$60 after deductible	\$70 (\$65*) after deductible		10% after deductible	
<b>Mail Order</b> (90-day supply)	3 X retail copay	3 X enhanced* retail cost share		10% after deductible	
<b>Part D Creditable/Non-Creditable</b>	Creditable	Creditable		Creditable	
<b>Formulary</b>	KPWA Formulary	KPWA Formulary		Cigna Advantage Prescription Drug List	

### Remember

- For plan years beginning in 2020, non-grandfathered health plans must include embedded in-network self-only out-of-pocket limits for each family member if the family deductible or out-of-pocket maximum is over \$8,150.
- For plan years beginning in 2020, non-grandfathered QHDHP health plans must have a minimum individual deductible of \$1,400 for an aggregate deductible and \$2,800 for an embedded deductible.
- \*Kaiser PPO: Enhanced cost share applies when members utilize a Kaiser facility or pharmacy.
- Cigna benefits in red reflect changes from Kaiser PPO plan.
- Cigna benefits exclude coverage for elective abortions and Aborta Facet Drugs

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# Dental

## Benefit & Cost Outline

Current/Renewal/Alternative Delta Dental of WA				
		In-Network		Out-of-Network
Dental Plan		MAC		
Annual Deductible (waived for Preventive & Diagnostic)		\$0 per person \$0 per family		\$50 per person \$150 per family
Annual Benefit Maximum		\$1,500 per person		
Waiting Period		12 months for Major services		
Services				
• Preventive & Diagnostic		No charge		No charge
• Basic		20%		20% after deductible
• Major		50%		50% after deductible
Periodontics		Covered under Basic		
Endodontics		Covered under Basic		
Implants		Covered under Major		
Orthodontia		Not covered		
Late Entrant Penalty		None		
Monthly Rates		Current	Renewal	Posterior Composites
Employee Only	98	\$48.95	\$48.95	\$50.82
Employee + Spouse	17	\$95.79	\$95.79	\$99.46
Employee + Child(ren)	12	\$105.56	\$105.56	\$109.60
Employee + Family	16	\$152.41	\$152.41	\$158.25
Rate Guarantee			12 months	12 months
Total Annual Cost	143	\$121,570	\$121,570	\$126,221
% Change			0.0%	3.8%
\$ Change			\$0	\$4,651

### Remember

- Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, and terms and conditions of the contract.
- Alternative plan design is the same as current but with the addition of posterior composites covered.

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## Contribution Outline

		Current			Negotiated Renewal			Alternative			
		Total Cost	ER Cost	EE Cost*	Total Cost	ER Cost	EE Cost*	Total Cost	ER Cost	EE Cost*	
PPO Medical Plan		Kaiser Permanente			Kaiser Permanente			Cigna Level-Funded (Single Plan Option)			
Employee	49	\$431.99	\$304.99	\$127.00	\$470.87	\$332.44	\$138.43	91	\$466.86	\$329.61	\$137.25
Employee + Spouse	6	\$954.44	\$327.44	\$627.00	\$1,040.34	\$356.91	\$683.43	9	\$1,027.10	\$352.37	\$674.73
Employee + Child(ren)	9	\$805.87	\$323.87	\$482.00	\$878.40	\$353.02	\$525.38	14	\$870.69	\$349.92	\$520.77
Employee + Family	9	\$1,328.31	\$336.31	\$992.00	\$1,447.86	\$366.58	\$1,081.28	11	\$1,435.60	\$363.47	\$1,072.13
HMO Medical Plan		Kaiser Permanente			Kaiser Permanente						
Employee	42	\$371.70	\$289.70	\$82.00	\$405.15	\$315.77	\$89.38				
Employee + Spouse	3	\$821.22	\$281.22	\$540.00	\$895.13	\$306.53	\$588.60				
Employee + Child(ren)	5	\$693.39	\$278.39	\$415.00	\$755.80	\$303.45	\$452.35				
Employee + Family	2	\$1,142.91	\$289.91	\$853.00	\$1,245.77	\$316.00	\$929.77				
Medical Annual Cost		\$839,155	\$454,003	\$385,152	\$914,679	\$494,863	\$419,816		\$956,513	\$504,755	\$451,758
Additional Employer Contributions											
Annual HSA Contribution		\$79,500	\$79,500	\$0	\$79,500	\$79,500	\$0		\$79,500	\$79,500	\$0
Annual HRA Contribution		\$98,956	\$98,956	\$0	\$104,912	\$104,912	\$0		\$104,912	\$104,912	\$0
Medical Total Annual Cost		\$1,017,611	\$632,459	\$385,152	\$1,099,092	\$679,276	\$419,816		\$1,140,925	\$689,167	\$451,758
Dental Plan											
Employee	98	\$48.95	\$28.95	\$20.00	\$48.95	\$28.95	\$20.00	98	\$48.95	\$28.95	\$20.00
Employee + Spouse	17	\$95.79	\$35.79	\$60.00	\$95.79	\$35.79	\$60.00	17	\$95.79	\$35.79	\$60.00
Employee + Child(ren)	12	\$105.56	\$45.56	\$60.00	\$105.56	\$45.56	\$60.00	12	\$105.56	\$45.56	\$60.00
Employee + Family	16	\$152.41	\$52.41	\$100.00	\$152.41	\$52.41	\$100.00	16	\$152.41	\$52.41	\$100.00
Dental Total Annual Cost		\$121,570	\$57,970	\$63,600	\$121,570	\$57,970	\$63,600		\$121,570	\$57,970	\$63,600
Total Annual Cost		\$1,139,181	\$690,429	\$448,752	\$1,220,661	\$737,245	\$483,416		\$1,262,495	\$747,137	\$515,358
% Change					7.2%	6.8%	7.7%		10.8%	8.2%	14.8%
\$ Change					\$81,481	\$46,817	\$34,664		\$123,315	\$56,708	\$66,606

Negotiated Renewal Rates are estimated at +9% above current rates. Actual rates are still pending.

\* Under the Affordable Care Act (ACA), coverage is affordable for an employee if the employee's contribution toward the lowest-cost, self-only, minimum value coverage does not exceed a specified percentage of the employee's household income (9.86% for plan years beginning in 2019; and 9.78% for plan years beginning in 2020). There are three safe harbors including the Federal Poverty Line (FPL) safe harbor. To meet the FPL safe harbor for affordability for plan years beginning July 1, 2020 through December 31, 2020, employers must use the 2020 Federal Poverty Line (FPL) multiplied by the 2020 affordability safe harbor rate of 9.78% in order to get the maximum annual affordable contribution. Using that calculation, the maximum affordable contribution for a month is equal to \$103.99 per month for the 48 contiguous states, \$129.99 for Alaska and \$119.64 for Hawaii.

Note: the affordability percentage rate, and therefore the dollar amount, may change annually. Employers may use the poverty guidelines in effect within six months before the beginning of the plan year. There are two additional safe harbor options that may be used: the Form W-2 Safe Harbor or the Rate of Pay Safe Harbor. Guidance also addresses how HRA contributions, wellness program rewards, employer flex credits, defined contribution arrangements, opt-out payments, and fringe benefit payments required under the Davis-Bacon Act and the Service Contract Act affect the affordability of employer coverage. See our ACA Affordability Safe Harbors Chart for details.

Prepared by:  
 Gallagher

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## Voluntary Vision

### Benefit & Cost Outline

Employee Share of Eligible Expenses	Current/Renewal vChoice (Underwritten by VSP) Base Plan		Current/Renewal vChoice (Underwritten by VSP) Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Signature Plan		Signature Plan	
<b>Vision Plan</b>				
<b>Routine Exam Copay</b>	\$10	\$10	\$10	\$10
<b>Routine Exam</b>	Covered in full*	Reimbursed up to \$50*	Covered in full*	Reimbursed up to \$50*
<b>Materials Copay</b>	\$25	\$25	\$25	\$25
<b>Lenses</b> (per pair)		Reimbursed up to...		Reimbursed up to...
• Single Vision	No charge*	\$50*	No charge*	\$50*
• Lined Bifocals	No charge*	\$75*	No charge*	\$75*
• Lined Trifocals	No charge*	\$100*	No charge*	\$100*
<b>Frames</b>	\$130 allowance then 20% discount*	Reimbursed up to \$70*	\$130 allowance then 20% discount*	Reimbursed up to \$70*
<b>Contact Lenses</b> (in lieu of eyeglasses)				
• Fitting and Evaluation	Up to \$60 copay after 15% discount	Reimbursed up to \$105 for services and materials	Up to \$60 copay after 15% discount	Reimbursed up to \$105 for services and materials
• Elective Contacts	\$130 allowance		\$130 allowance	
<b>Frequency</b> (Exam/Lenses/Frames/Contacts)	12/12/24/12 Months		12/12/12/12 Months	
<b>Monthly Rates</b>	<i>Base</i>	<i>Buy-Up</i>	<i>Current</i>	<i>Renewal</i>
Employee Only	36	9	\$7.86	\$7.86
Employee + Spouse	4	9	\$12.58	\$12.58
Employee + Child(ren)	3	3	\$12.84	\$12.84
Employee + Family	6	3	\$20.71	\$20.71
<b>Rate Guarantee</b>			12 months	12 months
<b>Total Annual Cost</b>	<b>49</b>	<b>24</b>	<b>\$5,953</b>	<b>\$5,953</b>
<b>% Change</b>			<b>\$4,262</b>	<b>\$4,262</b>
<b>\$ Change</b>			0.0%	0.0%
			\$0	\$0

\*Less any applicable copay.

#### Remember

- Out-of-Network benefits reflect the maximum reimbursement for specific services.
- Members may receive additional discount off of non-covered lens options when services are received from a VSP network provider.

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## Life/AD&D

### Benefit & Cost Outline

Current/Renewal Lincoln Financial Group				
Life and AD&D Plan				
Benefit Amount	\$10,000			
Guarantee Issue	\$10,000			
Additional Features <ul style="list-style-type: none"><li>• Accelerated Benefit</li><li>• Conversion</li><li>• Portability</li><li>• Waiver of Premium</li></ul>	Up to 75% Included Included Included			
Benefit begins to reduce at age	65			
Monthly Rates		Volume	Current	Renewal
Life (per \$1,000 of benefit)	\$1,796,500		\$0.160	\$0.190
AD&D (per \$1,000 of benefit)	\$1,796,500		\$0.020	\$0.020
Rate Guarantee				12 months
Total Annual Cost	Lives: 189		\$3,880	\$4,527
% Change				16.7%
\$ Change				\$647

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## Long-Term Disability

### Benefit & Cost Outline

Current/Renewal Lincoln Financial Group			
<b>Long-Term Disability (LTD)</b>			
Elimination Period	90 days		
Covered Monthly Earnings	60%		
Benefit Maximum	\$5,000		
Benefit Minimum	Greater of 10% or \$100		
Definition of Earnings	Base monthly earnings		
Definition of Disability	24 months own occupation		
Maximum Duration	SSNRA		
Tax Free Benefit (Gross Up)	No		
Benefit Limitations			
• Pre-Existing Condition	3/12		
• Mental Health & Chemical Dependency	24 months		
• Self-Reported	24 months		
Additional Features			
• Conversion	Included		
• W2 Prep	Included		
• FICA Matching	Included		
• Employee Assistance Program	Included with up to 4 face-to-face visits		
<b>Monthly Rates</b>		<b>Volume</b>	
LTD (per \$100 of covered monthly payroll)	\$693,529	\$0.180	\$0.217
Rate Guarantee			12 months
Total Annual Cost	Lives: 189	\$14,980	\$18,059
% Change			20.6%
\$ Change			\$3,079

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# Voluntary Life

## Benefit & Cost Outline

Current/Renewal vChoice (Underwritten by Unum)	
<b>Voluntary Life Monthly Rates</b>	
<b>Employee and Spouse</b> (per \$1,000)	
< 25	\$0.057
25 - 29	\$0.069
30 - 34	\$0.092
35 - 39	\$0.103
40 - 44	\$0.115
45 - 49	\$0.172
50 - 54	\$0.264
55 - 59	\$0.493
60 - 64	\$0.756
65 - 69	\$1.456
70 +	\$2.361
<b>Child(ren)</b> (per unit) - Birth to Age 26	\$2.50
<b>Rate Guarantee</b>	12 months

Current/Renewal vChoice (Underwritten by Unum)	
<b>Voluntary Life Plan</b>	
<b>Benefit Options</b>	
• Employee	1-5 x earning rounded to \$10,000
• Spouse	.5-2.5 x earnings rounded to \$5,000
• Children (6 months to 26 years)	\$10,000
• Infant (newborn to 6 months)	\$1,000
<b>Benefit Maximum</b>	Lesser of...
• Employee	5 x earnings or \$500,000
• Spouse	50% of employees amount or \$250,000
• Children (6 months to 26 years)	\$10,000
• Infant (newborn to 6 months)	\$1,000
<b>Guarantee Issue</b>	
• Employee	\$210,000
• Spouse	\$105,000
• Children (6 months to 26 years)	\$10,000
• Infant (newborn to 6 months)	\$1,000
<b>Definition of Earnings</b>	Base salary + commissions
<b>Additional Features</b>	
• Accelerated Benefit	75% to \$500,000
• Conversion	Included
• Portability	Included
• Waiver of Premium	Included
<b>Benefit begins to reduce at age</b>	70
<b>Participation Requirement</b>	10

### Remember

- Current Enrollment: 34 Employees, 14 Spouses, and 7 Children.

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# Voluntary AD&D

## Benefit & Cost Outline

Current/Renewal vChoice (Underwritten by Standard)	
<b>Voluntary AD&amp;D Plan</b>	
<b>Benefit Options</b>	
<ul style="list-style-type: none"> <li>Employee</li> <li>Spouse</li> <li>Children (newborn to 26 years)</li> </ul>	\$100,000 increments 50% of employee amount \$10,000
<b>Benefit Maximum</b>	Lesser of...
<ul style="list-style-type: none"> <li>Employee</li> <li>Spouse</li> <li>Children (newborn to 26 years)</li> </ul>	10 x earnings or \$500,000 50% of employee amount or \$250,000 \$10,000
<b>Definition of Earnings</b>	Base salary + commissions
<b>Additional Features</b>	
<ul style="list-style-type: none"> <li>Portability</li> <li>Waiver of Premium</li> </ul>	Included Not included
<b>Participation Requirement</b>	10
<b>Voluntary AD&amp;D Monthly Rates</b>	
<b>Employee</b> (per \$1,000)	\$0.047
<b>Spouse</b> (per \$1,000)	\$0.047
<b>Child(ren)</b> (per \$1,000)	\$0.047
<b>Rate Guarantee</b>	12 months



### Remember

- Current Enrollment: 38 Employees.

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# Administration Services

## Cost Outline

### Single Billing Services

Current/Renewal GBS Administrators	
Total Annual Fees	Your fee structure is 2% of the monthly medical premium
Benefit Advocate	Included

- SBS regeneration fee not paying as billed - \$50
- Cigna will cover the cost of SBS if medical carriers move

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## Annual Cost Summary

### Current

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$4,500 Ded.	\$839,155	\$454,003	\$385,152
HSA Funding		\$500 per individual/\$1,000 per family	\$79,500	\$79,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$98,956	\$98,956	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$121,570	\$57,970	\$63,600
Voluntary Vision	VSP	Voluntary	\$10,214	\$0	\$10,214
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$3,880	\$3,880	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$14,980	\$14,980	\$0
Single Billing Services	GBS Administrators	2% of medical premium	Included in Medical		
<b>Total Annual Cost</b>			<b>\$1,168,256</b>	<b>\$709,289</b>	<b>\$458,966</b>

### Negotiated Renewal

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$4,500 Ded.	\$914,679	\$494,863	\$419,816
HSA Funding		\$500 per individual/\$1,000 per family	\$79,500	\$79,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$104,912	\$104,912	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$121,570	\$57,970	\$63,600
Voluntary Vision	VSP	Voluntary	\$10,214	\$0	\$10,214
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$4,527	\$4,527	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$18,059	\$18,059	\$0
Single Billing Services	GBS Administrators	2% of medical premium	Included in Medical		
<b>Total Annual Cost</b>			<b>\$1,253,462</b>	<b>\$759,832</b>	<b>\$493,630</b>
% Change			7.3%	7.1%	7.6%
\$ Change			\$85,207	\$50,543	\$34,664

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## Annual Cost Summary

### Current

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$4,500 Ded.	\$839,155	\$454,003	\$385,152
HSA Funding		\$500 per individual/\$1,000 per family	\$79,500	\$79,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$98,956	\$98,956	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$121,570	\$57,970	\$63,600
Voluntary Vision	VSP	Voluntary	\$10,214	\$0	\$10,214
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$3,880	\$3,880	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$14,980	\$14,980	\$0
Single Billing Services	GBS Administrators	2% of medical premium	Included in Medical		
<b>Total Annual Cost</b>			<b>\$1,168,256</b>	<b>\$709,289</b>	<b>\$458,966</b>

### Alternative

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Cigna (Level-Funded)	Single Plan Option (PPO)	\$956,513	\$504,755	\$451,758
Transitional Relief Credit	Cigna (Level-Funded)	One-time 2% credit (approx. \$19,100)	(\$19,100)	(\$19,100)	\$0
HSA Funding		\$500 per individual/\$1,000 per family	\$79,500	\$79,500	\$0
Estimated HRA Utilization	NMR	\$3,150 per individual/\$6,300 per family	\$104,912	\$104,912	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$121,570	\$57,970	\$63,600
Voluntary Vision	VSP	Voluntary	\$10,214	\$0	\$10,214
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$4,527	\$4,527	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$18,059	\$18,059	\$0
Single Billing Services	GBS Administrators	2% of medical premium	Paid for by Cigna		
<b>Total Annual Cost</b>			<b>\$1,276,196</b>	<b>\$750,623</b>	<b>\$525,573</b>
% Change			9.2%	5.8%	14.5%
\$ Change			\$107,941	\$41,334	\$66,606

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## Carriers Invited To Bid

Self-Insured Plan Administration (TPA)	Response	Commission or Broker Fee	Supplemental Compensation
Cigna (Level-Funded)	Shown in Proposal	\$29.57 PEPM	Not Applicable
Providence	Not shown - Uncompetitive (+40% to current fully-insured funding)	N/A	Not Applicable

Stop Loss	AM Best Rating	Response	RFI Available	Commission or Broker Fee	Supplemental Compensation
Cigna (Level-Funded)	A	Shown in Proposal	Yes	Net of Commission	\$0.00 to \$28.00 PEPY


Fully-Insured Medical Plans	Response	Commission or Broker Fee	Supplemental Compensation
Kaiser Permanente WA	Current Carrier - Shown in Proposal	5.3%	Not Applicable
Regence BlueShield	Not Shown - DTQ - Uncompetitive	N/A	Not Applicable
Premiera Blue Cross	Not Shown - DTQ - Uncompetitive and not able to remove the benefits for abortions and aborta Facet Drugs	N/A	Not Applicable
UnitedHealthcare	Not Shown - Uncompetitive	N/A	Not Applicable
Aetna	Not Shown - DTQ - Uncompetitive	N/A	Not Applicable

Gallagher vChoice Plans	Response	Commission or Broker Fee	Supplemental Compensation
Vision - Vision Service Plan	Current Carrier - Shown in Proposal	10.0%	Not Applicable

Fully-Insured Dental Plans	Response	Commission or Broker Fee	Supplemental Compensation
Delta Dental of Washington	Current Carrier - Shown in Proposal	10.0%	Not Applicable

Miscellaneous Benefit Lines	Response	Commission or Broker Fee	Supplemental Compensation
HRA Administration - NMR	Current Carrier - Shown in Proposal	Net of Commission	Not Applicable
Benefit Advocate Center - GBS	Current Carrier - Shown in Proposal	Net of Commission	Not Applicable
Single Billing Services - GBSA	Current Carrier - Shown in Proposal	Net of Commission	Not Applicable

Gallagher companies may receive supplemental compensation referred to in a variety of terms and definitions, such as contingent commissions, additional commissions and supplemental commission.

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## Carriers Invited To Bid

Life/AD&D and Disability Plans	AM Best Rating	Response	Commission or Broker Fee	Supplemental Compensation
Lincoln Financial Group	A+	Current Carrier - Shown in Proposal	Life: 20% LTD: 10%	1.5% of Premium

Gallagher vChoice Plans	AM Best Rating	Response	Commission or Broker Fee	Supplemental Compensation
Life - Unum	A	Current Carrier - Shown in Proposal	20.0%	1.25% of Premium
AD&D - Standard	A	Current Carrier - Shown in Proposal	25.0%	1.5% to 2.25% of Premium
Pet Insurance - PetsBest	N/A	Current Carrier - Not shown	7.5%	\$0.00 to \$32.40 PMPY
Additional Administrative Fee	N/A	Current Carrier - Shown in Proposal	\$1.00 PPPM	Not Applicable

*Gallagher companies may receive supplemental compensation referred to in a variety of terms and definitions, such as contingent commissions, additional commissions and supplemental commission.*

While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g., HMO) organizations, reflects their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

### A.M. Best's Rating Scale

Level	Category	Level	Category	Level	Category
A++, A+ .....	Superior	B, B- .....	Fair	D .....	Poor
A, A- .....	Excellent	C++, C+ .....	Marginal	E .....	Under Regulatory Supervision
B++, B+ .....	Very Good	C, C- .....	Weak	F .....	In Liquidation
				S .....	Rating Suspended
Financial Size Categories					
FSC I .....	Up to \$1,000	FSC IX .....	\$250,000 to \$500,000		
FSC II .....	\$1,000 to \$2,000	FSC X .....	\$500,000 to \$750,000		
FSC III .....	\$2,000 to \$5,000	FSC XI .....	\$750,000 to \$1,000,000		
FSC IV .....	\$5,000 to \$10,000	FSC XII .....	\$1,000,000 to \$1,250,000		
FSC V .....	\$10,000 to \$25,000	FSC XIII .....	\$1,250,000 to \$1,500,000		
FSC VI .....	\$25,000 to \$50,000	FSC XIV .....	\$1,500,000 to \$2,000,000		
FSC VII .....	\$50,000 to \$100,000	FSC XV .....	\$2,000,000 Or More		
FSC VIII .....	\$100,000 to \$250,000		(In \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)		
Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.					

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## Non-Grandfathered Status

You had a health policy in effect prior to March 23, 2010, and because you have made significant enough plan changes to have lost your grandfathered status, you must comply with the additional requirements under the Affordable Health Care Act (ACA).

**Examples of plan changes that could have caused you to lose grandfathered status include, but may not be limited to:**

- Significantly cut or reduce benefits; or
- Add or reduce annual dollar limits; or
- Raise coinsurance percentages; or
- Increase deductibles or out-of-pocket maximums by more than the amounts allowed based on medical inflation\*; or
- Increase employee contribution percentage by more than 5% of the contribution rate on March 23, 2010 (determined contribution rate based on COBRA valuation for self-insured plans).

\*Medical inflation is the increase since March 2010 in the overall medical care component of the Consumer Price Index for All Urban Consumers (CPI-U) (unadjusted) published by the Department of Labor.

Your plan must comply with the provisions that apply to grandfathered plans in addition to the provisions that apply to non-grandfathered plans. The additional requirements that apply to non-grandfathered plans include, but are not limited to:

- Provide coverage to children to age 26 regardless of whether they are eligible for their own employment-based coverage; and
- Provide coverage of recommended preventive services with no cost sharing; and
- Include patient protections such as guaranteed access to emergency room services and OB-GYNs and pediatricians; and
- Include new claims appeal rules including both internal and external review; and
- Comply with nondiscrimination rules for fully insured health plans under Code §105(h) which prohibit discrimination in favor of highly compensated individuals as to benefits and eligibility requirements (pending release of final regulations).

**For plan years starting on or after January 1, 2014,** plans that have lost grandfathered status will also have to comply with the following:

- No discrimination against individuals participating in clinical trials (insured plans only); and
- No discrimination based on health status; and
- Provide essential benefits (insured plans only) and prohibit cost sharing in excess of the limits for qualified high deductible health plans; and
- No discrimination against healthcare providers acting within the scope of their professional license and applicable State law; and
- Prohibit out-of-pocket limits in excess of applicable out of pocket limits as determined by HHS for plan years starting on or after January 1, 2015.

**NOTE: This is only a brief summary of ACA guidance, intended to highlight points with the most universal impact. It is not intended to be a complete summary of requirements, changes, or regulations. Further guidance and probable changes are expected to continue.**

## Employer Shared Responsibility Mandate/ACA Compliance

<b>Employer Shared Responsibility Mandate (ESRM)</b> Applicable Large Employer	50+ full-time equivalent employees	An employer that employed at least 50 full time equivalent employees (FTE) in the preceding calendar year is required to offer affordable, minimum value health coverage to substantially all FTEs and dependent children or pay a penalty. There are separate requirements for 6055 (minimum essential coverage) reporting and 6056 (applicable large employer reporting). Refer to GBS Sections 6055 & 6056 Reporting Requirements toolkit.
<b>Member of Controlled Group?</b>	Subject to Employer Determination	If the total of FTEs for all employers in the controlled group is at least 50, each separate company is and applicable large employer and is subject to the employer mandate. Penalties are then imposed based on the offer of coverage provided by each separate company.
<b>Medical Plan(s) meet Minimum Essential Coverage?</b>	Yes	A plan must meet the minimum essential coverage requirement for an applicable large employer to meet employer mandate requirement. The Summary of Benefits & Coverage is required to reflect if the plan is minimum essential coverage.
<b>Offering to 95% of full-time employees?</b>	Subject to Employer Determination	An applicable large employer is required to offer minimum essential coverage to at least 95% of full-time employees or be subject to a penalty.
<b>Medical Plan(s) meet Minimum Value?*</b>	Yes	If the plan is not of a minimum value, then an employee will be eligible to seek premium assistance from the Marketplace (Exchange). If the employee receives premium assistance through the Marketplace, the employer will be subject to a penalty. The SBC is required to reflect whether the plan is of a minimum value.
<b>Affordable Coverage?*</b>	Subject to Employer Determination	If the cost of health coverage for the employee is unaffordable, then an employee will be eligible to seek premium assistance to purchase a plan from the Marketplace. If the employee receives premium assistance to purchase health coverage, then the employer would be subject to a penalty.

\*ACA requires employers covered by the Fair Labor Standards Act to notify employees about the availability of health insurance options for the public marketplaces/exchanges. The Marketplace Notice you provide to new employees may need to be updated if the minimum value and/or affordable coverage status of your plan changes.

**NOTE:** The answers outlined here are based on the recommendations of this proposal. If these options are not chosen, are modified or final contributions differ, you may be subject to fees and penalties.

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# Proposal Assumptions

## General Assumptions

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- Carriers reserve the right to revise rates should any federal, state or local authority mandate a change in benefits or impose or change a tax on plan revenue during the contract period.
- A group health plan may not reduce its coverage of the costs of pediatric vaccines (as defined under section 1928(h)(6) of the Social Security Act as amended by section 13830 of the Omnibus Budget Reconciliation Act of 1993) below the coverage it provided as of May 1, 1993. If the preventive care benefit which includes immunizations is currently in or is added to your medical plan it cannot in the future be deleted.
- Generally all lines of coverage within a carrier must be packaged and have common eligibility.
- Retirees are not eligible for coverage unless they qualify for a COBRA extension.
- Final rates will be based on actual enrollment, participation, employer contribution and other underwriting guidelines.
- Effective date of September 1, 2020. Unless otherwise indicated, rates will be guaranteed for 12 months.
- The PCORI (Patient-Centered Outcomes Research Institute) Fee has been extended through September 30, 2029. The fee will be paid by the insurer for insured plans and by the plan sponsor for self-insured health plans. For plan years that end on or after October 1, 2019, and before October 1, 2020, the fee is \$2.54 per covered life. For plan years that end on or after October 1, 2018, and before October 1, 2019, the fee is \$2.45 per covered life.
- **Employer Contribution:** Please refer to contribution page.
- **Eligible Employees:** Employees must work 30 hours per week to be eligible.
- **Probationary Period:** First of month following date of hire.

## Kaiser Permanente

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- Rates are guaranteed for 12 months until September 1, 2021.
- The employer must contribute at least 50% of the employee-only monthly premium, and the contributions may not be made in a discriminatory manner.
- The proposed rates and benefits assume that 75% of all eligible employees are enrolled in a company-sponsored plan, excluding those who have documented other qualified coverage.
- If enrollment or demographic impact at initial sale effective date has changed by 10% or more from what was bid, the carrier reserves the right to re-rate that new business.
- ACA requires non-grandfathered plans to provide in-network coverage of recommended preventive services with no cost sharing.
- The Mental Health Parity and Addiction Equity Act requires benefits for mental health and substance abuse be similar to those applied to medical/surgical benefits.
- As stated in "General Assumptions."

## CIGNA (Level-Funded)

---

- Rates are guaranteed for 12 months until September 1, 2021.
- Specific Stop Loss Deductible is \$50,000. Rx claims are included toward the fulfillment of the Specific Stop Loss Deductible.
- Aggregate Corridor is 120%.
- The proposed rates and benefits assume that 50% of total eligible population identified as 196.
- If enrollment or demographic impact at initial sale effective date has changed by 10% or more from what was bid, the carrier reserves the right to re-rate that new business.
- As stated in "General Assumptions."

## Delta Dental of WA

---

- Rates are guaranteed for 12 months until September 1, 2021.
- As stated in "General Assumptions."

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# Proposal Assumptions

## Lincoln Financial Group

- Rates are guaranteed for 12 months until September 1, 2021.
- All employees must be actively at work on their effective date in order to be covered.
- As stated in "General Assumptions."
- Employers who pay for employees' group term life insurance must tax them on the cost of insurance for amounts exceeding \$50,000. Internal Revenue Code Section 79 requires the taxable amount to be calculated using "uniform premium" rates commonly referred to as "Table I Rates".
- Your Plan is potentially discriminatory if it provides a better life insurance benefit to key employees; either on the basis of eligibility, difference in flat amount of benefit, or difference in multiplier. There are nondiscrimination tests that should be reviewed. If your Plan is discriminatory, you would have to tax your key employees on the value of the total amount of employer-paid life insurance.

Table I Rates:

Under age 25	\$0.05
Ages 25 - 29	\$0.06
Ages 30 - 34	\$0.08
Ages 35 - 39	\$0.09
Ages 40 - 44	\$0.10
Ages 45 - 49	\$0.15
Ages 50 - 54	\$0.23
Ages 55 - 59	\$0.43
Ages 60 - 64	\$0.66
Ages 65 - 69	\$1.27
Ages 70 +	\$2.06

## Northwest Marketing Resources (NMR)

- Rates are guaranteed for 12 months until September 1, 2021.
- As stated in "General Assumptions."

## GBS Administrators

- Rates are guaranteed for 12 months until September 1, 2021.
- As stated in "General Assumptions."

## Gallagher vChoice (Voluntary Vision - Underwritten by VSP)

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- As stated in "General Assumptions."

## Gallagher vChoice (Voluntary Life - Underwritten by Unum)

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

## Gallagher vChoice (Voluntary AD&D - Underwritten by Standard)

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

## Gallagher vChoice (Voluntary Pet Insurance - Underwritten by PetsBest)

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

# Gallagher Benefit Services Disclaimers

## Coverage


This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.

## Renewal/Financial

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

## Legal

The intent of this analysis [report, letter, etc.] is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

Prepared by:  
 Gallagher

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Cedar Park Assembly of God  
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Cedar Park 000461

# Gallagher Benefit Services Privacy Policy Disclosure

7/9/2020

Cedar Park Assembly of God  
Steve Orcutt  
16300 112 Ave NE  
Bothell, WA - 98011

RE: Privacy Policy Disclosure

Dear Steve,


Gallagher Benefit Services, Inc. (Gallagher) treats your personal privacy with care and respect. Because we value our client relationships, we do not disclose our clients' nonpublic personal, financial or health information with third parties, except for the specific purposes listed in the enclosed Privacy Policy Summary or as otherwise permitted by law. Personal information is any information that can be used to identify, locate or contact you or your employees. Personal information does not include publicly available information or individually identifiable business contact information of employees such as name, title, business address, business telephone number or business email address.

Applicable law requires Gallagher to provide our clients with notice of our Privacy Policy, a summary of which is enclosed here (the full text of the Gallagher Privacy Policy can be retrieved at the following URL: <http://www.ajg.com/privacy-policy/>). This policy does not apply to our efforts to market our products and services to you, so you may receive information from us regarding products that may suit your needs.

Gallagher has always been mindful of our clients' privacy. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal, financial and health information and that of your employees.

Thank you for choosing Gallagher Benefit Services, Inc. We appreciate your business and value our relationship.

Enclosure: Privacy Policy Summary

Prepared by:  
 Gallagher

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Cedar Park Assembly of God  
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Cedar Park 000462

## Gallagher Benefit Services Privacy Policy Disclosure


This Privacy Policy Disclosure outlines and summarizes our information sharing practices to help you understand how we protect your privacy and that of your employees when we collect and use information about you and your employees, and the measures we take to safeguard that information.

**Information We May Collect.** We may collect the following nonpublic personal, financial or health information about you or your employees including:

- Information we receive from you and your employees on applications or questionnaires, such as occupation, current employer and social security number;
- Information about your transactions with us, our affiliates or previous insurers; such as your policy coverage, claim information, premiums and payment history;
- Information we receive from consumer-reporting agencies such as Equifax that is obtained for the purpose of ascertaining credit histories. These reports are obtained as underwriting tools to determine bill paying habits and credit worthiness for certain individual, personal insurance products. These reports are not subject to race, gender or income.
- Information that allows us to communicate with you or your employees, such as name, user name, password, age, marital status, occupation, mailing address, telephone numbers, email address, or other addresses that allow us to send a message;
- Information that assists us to conduct business with you or your employees, such as types of products or services that may be of interest, employee financial information, or information on your company's size, revenue, type, industry codes, demographics, locations, and financial information;
- Information about your transactions with us, our affiliates, or your previous providers;

**Information We Disclose.** We do not disclose any nonpublic personal, financial or health information about our clients, former clients or their employees to anyone, except for the purposes of placing your insurance coverage(s), fulfilling your requests for products or services and related activities, responding to your requests for a call or email, processing transactions you request, telling you about products or services we offer and as otherwise permitted by law.

**Information Security.** We restrict access to nonpublic personal, financial or health information about you and your employees to those employees and subcontractors who have a need to know that information to provide products or services to you or your employees. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal, financial and health information and that of your employees.

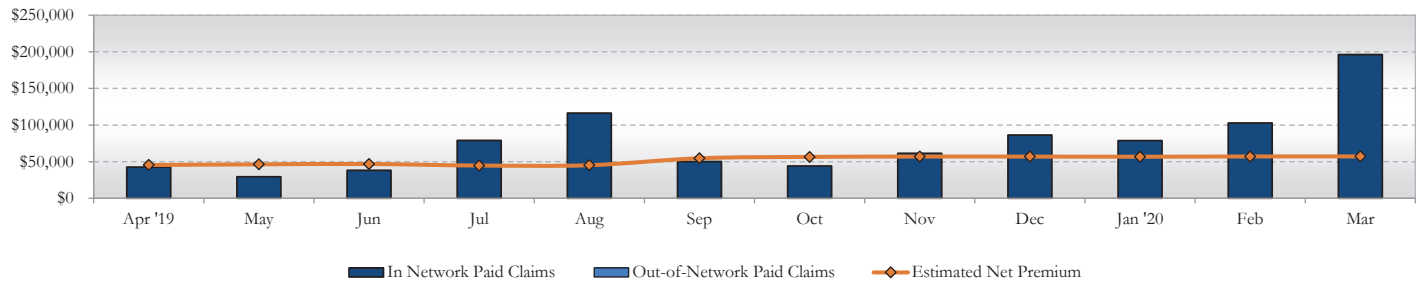
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**Cedar Park Assembly of God**  
**Fully-Insured Medical and Prescription Drug Plan**  
**Kaiser Permanente**  
**April 1, 2019 through March 31, 2020**



Month	A Employees	B Members	C Earned Premium	D Estimated Administrative Charges*	E Estimated Net Premium (C - D)	F In Network Paid Claims	G Out-of-Network Paid Claims	H Total Paid Claims (F + G)	I Estimated Net Gain/(Loss) (E - H)	J Estimated Net Loss Ratio (H / E)
April 2019	114	178	\$57,918	\$12,487	\$45,431	\$42,660	\$0	\$42,660	\$2,771	93.9%
May	115	182	\$59,062	\$12,751	\$46,312	\$29,288	\$0	\$29,288	\$17,024	63.2%
June	116	188	\$59,816	\$13,049	\$46,767	\$38,259	\$0	\$38,259	\$8,508	81.8%
July	111	177	\$57,058	\$12,397	\$44,662	\$79,050	\$0	\$79,050	(\$34,389)	177.0%
August	111	177	\$57,592	\$12,457	\$45,134	\$116,409	\$0	\$116,409	(\$71,274)	257.9%
September	120	195	\$67,669	\$13,025	\$54,644	\$50,304	\$0	\$50,304	\$4,340	92.1%
October	123	199	\$69,824	\$13,362	\$56,462	\$44,119	\$0	\$44,119	\$12,343	78.1%
November	123	199	\$70,346	\$13,409	\$56,937	\$61,434	\$0	\$61,434	(\$4,496)	107.9%
December	123	199	\$70,311	\$13,406	\$56,905	\$86,409	\$0	\$86,409	(\$29,503)	151.8%
January 2020	122	207	\$70,432	\$13,703	\$56,729	\$78,684	\$0	\$78,684	(\$21,954)	138.7%
February	124	210	\$70,947	\$13,859	\$57,087	\$102,842	\$0	\$102,842	(\$45,754)	180.1%
March	125	209	\$70,974	\$13,829	\$57,146	\$196,360	\$0	\$196,360	(\$139,214)	343.6%
<b>Total Year to Date</b>	<b>1,427</b>	<b>2,320</b>	<b>\$781,951</b>	<b>\$157,733</b>	<b>\$624,218</b>	<b>\$925,816</b>	<b>\$0</b>	<b>\$925,816</b>	<b>(\$301,598)</b>	<b>148.3%</b>

Less Estimated Pooled Claims:

						(\$215,149)		(\$215,149)	\$215,149	
<b>NET Year to Date</b>	<b>1,427</b>	<b>2,320</b>	<b>\$781,951</b>	<b>\$157,733</b>	<b>\$624,218</b>	<b>\$710,666</b>	<b>\$0</b>	<b>\$710,666</b>	<b>(\$86,449)</b>	<b>113.8%</b>

Percent of Total Paid Claims:    100.0%    0.0%

Current PEPM	119	193	\$547.97	\$110.53	\$437.43	\$498.01	\$0.00	\$498.01	(\$60.58)	113.8%
2018 Plan Year	115	180	\$507.87	\$110.07	\$397.81	\$454.95	\$0.00	\$454.95	(\$57.14)	114.4%
2017 Plan Year	120	185	\$476.01	\$100.38	\$375.63	\$420.05	\$0.00	\$420.05	(\$44.42)	111.8%
2016 Plan Year	113	177	\$459.46	\$113.38	\$346.08	\$349.07	\$0.00	\$349.07	(\$2.99)	100.9%

\* Includes administration, premium tax, margin, and commission.

Please Note: At renewal, other factors such as incurred but unpaid claims and overall cost trends may influence rate adjustments.

This report has been prepared by Gallagher Benefit Services based on data provided by the insurance carrier, which is solely responsible for its completeness and accuracy.

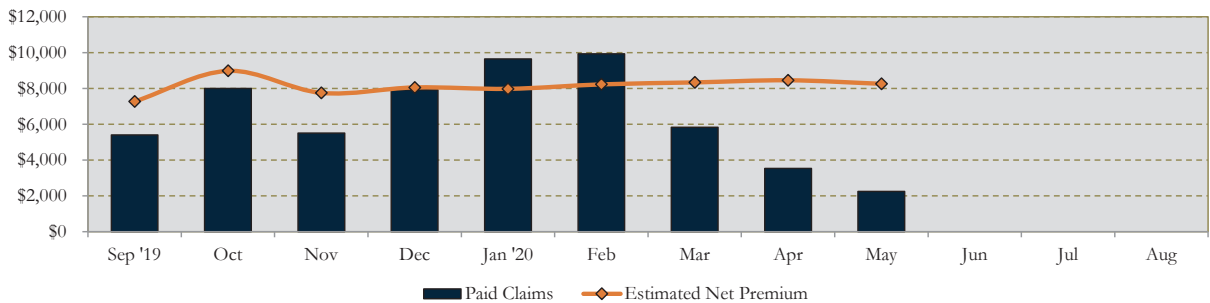
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Cedar Park 000464

[illegible]

Crisalli Decl., p.0285

**Cedar Park Assembly of God**  
**Fully-Insured Dental Benefits Plan**  
**Delta Dental of Washington**  
**September 1, 2019 through August 31, 2020**



	A	B	C	D	E	F	G
	Employees	Earned Premium	Estimated Administrative Charges*	Estimated Net Premium	Paid Claims	Estimated Net Gain/(Loss)	Estimated Net Loss Ratio
Month				(B - C)		(D - E)	(E / D)
September 2019	125	\$9,018	\$1,749	\$7,268	\$5,404	\$1,864	74.3%
October	154	\$11,140	\$2,161	\$8,979	\$7,997	\$981	89.1%
November	143	\$9,614	\$1,865	\$7,749	\$5,505	\$2,243	71.0%
December	140	\$9,994	\$1,939	\$8,055	\$7,921	\$134	98.3%
January 2020	138	\$9,896	\$1,920	\$7,976	\$9,645	(\$1,669)	120.9%
February	142	\$10,205	\$1,980	\$8,225	\$9,936	(\$1,711)	120.8%
March	144	\$10,340	\$2,006	\$8,334	\$5,831	\$2,503	70.0%
April	148	\$10,489	\$2,035	\$8,454	\$3,533	\$4,921	41.8%
May	143	\$10,244	\$1,987	\$8,257	\$2,254	\$6,003	27.3%
June							
July							
August							
<b>Total Year to Date</b>	<b>1,277</b>	<b>\$90,938</b>	<b>\$17,642</b>	<b>\$73,296</b>	<b>\$58,025</b>	<b>\$15,271</b>	<b>79.2%</b>
Current PEPM	142	\$71.21	\$13.82	\$57.40	\$45.44	\$11.96	79.2%
2018 Plan Year	133	\$69.00	\$13.39	\$55.61	\$53.63	\$1.98	96.4%
2017 Plan Year	134	\$69.54	\$12.94	\$56.61	\$51.22	\$5.38	90.5%
2016 Plan Year	128	\$77.48	\$13.33	\$64.16	\$55.61	\$8.55	86.7%



Administrative Charges are currently estimated at 19.4%.

Please Note: At renewal, other factors such as incurred but unpaid claims and overall cost trends may influence rate adjustments.

This report has been prepared by Gallagher Benefit Services based on data provided by the insurance carrier, which is solely responsible for its completeness and accuracy.

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Cedar Park 000466

# Exhibit M



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

## Cigna Confirmation

1 message

**Jami Hansen** <Jami\_Hansen@ajg.com>

Tue, Jul 14, 2020 at 3:06 PM

To: Steve Orcutt <steve.o@cedarpark.org>, Melissa Knauss <melissa.k@cedarpark.org>

Cc: Melinda Hansen <Melinda\_Hansen@ajg.com>

Here is the written response from Cigna's Compliance Team:

### For an insured plan situated in WA:

- Policies must cover maternity care and this includes coverage for abortions;
- Policies must cover contraceptives;
- An employer with a religious or moral tenet opposed to a specific service is not required to purchase coverage for that service if they object for reason of religion or conscience. In other words, an employer may exclude coverage for contraceptives and abortion if that employer objects to providing that coverage due to religious or other beliefs.
- Enrollees shall not be denied coverage to any service excluded from their benefit package as a result of the employer's opposition to providing a specific service.
- Cigna will send a letter to enrollees notifying them of their rights to access these excluded services outside of their plan.

### **\*Eligible Organizations and Optional Contraceptive Accommodation; Disclosure Requirements**

If a fully insured client is eligible for and voluntarily elects an optional contraceptive accommodation (opt out), Cigna will pay for all FDA-approved contraceptive coverage for eligible employees (subscribers and dependents) under a separate contraceptive-only PPO account that is set up for these customers. For self-insured clients, the current administrator for that client must arrange for an insurer to pay for the coverage. In both cases, Cigna will fund the contraceptive coverage regardless of funding type. Cigna will segregate premium revenue collected from the client from the monies used to provide payment for contraceptives.

Cigna will only pay for in-network medical contraceptive procedures and generic prescription contraceptives or brand prescription contraceptives with no generic equivalent or alternative. Out of network medical services and brand prescription drugs that have a generic equivalent or alternative are not covered under these plans.

The client will be responsible for certifying that they will not be covering contraceptives due to their religious or moral beliefs and eligibility for the optional accommodation. If a client elects the accommodation, they will not have the option to pick and choose which contraceptives they will cover and exclude due to the complexity of administering a variable customized benefit for each client. Clients must sign and return the attached self-certification or notify HHS using the attached model notice or other alternate written notification.

Cigna will notify the employees of the eligible clients of the availability of separate payments for contraceptive coverage by providing them with a custom letter substantially similar to the model notice. The notice will be sent to subscribers (and to dependents with privacy restrictions) annually at renewal and to new hires once eligibility has been finalized on the employer's group plan.

Existing clients who are under a current accommodation arrangement may keep or revoke this accommodation. If the client chooses to revoke, Cigna will provide notice to the affected employees explaining that they will no longer have contraceptive coverage through Cigna.

Visit [Gallagher's Pandemic Preparedness](#) page for information to prepare your business and your employees for pandemic outbreaks, including COVID-19.

*Jamí M. Hansen,*  
Area Vice President

Health and Welfare Consulting



Insurance | Risk Management | Consulting

777 108th Avenue NE, Suite 200 | Bellevue, WA 98004

P: 425.974.3275 | F: 425.201.2774

[www.ajg.com](http://www.ajg.com)



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# Exhibit N



**Gallagher**

Insurance | Risk Management | Consulting



## 2021/2022 Employee Benefit Analysis and Recommendations

Proposed Effective Date: September 1, 2021

Jami Hansen, Area-Vice President/Client Consultant

*Melinda Hansen, Client Manager*

*James Stanek, Benefit Analyst*

Date Presented: June 28, 2021

**IMPORTANT:** This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.



Cedar Park 000667





## Medical

### Cost Outline

#### PPO Plan


		Current Kaiser Permanente	Renewal Kaiser Permanente	Alternative Regence BlueShield
<b>Monthly Rates</b>		<b>HSA Healthplan 3.0 PPO</b>		
Employee Only	43	\$419.75	\$482.71	\$493.80
Employee + Spouse	4	\$927.39	\$1,066.50	\$1,091.10
Employee + Child(ren)	8	\$783.03	\$900.50	\$921.20
Employee + Family	10	\$1,290.66	\$1,484.24	\$1,518.50
<b>PPO Plan Annual Cost</b>	<b>65</b>	<b>\$491,156</b>	<b>\$564,827</b>	<b>\$577,829</b>
% Change			15.0%	17.6%
\$ Change			\$73,671	\$86,673
<b>HSA Annual Contribution</b>				
Employee	43	\$500	\$500	\$500
Family	22	\$1,000	\$1,000	\$1,000
<b>PPO HSA Annual Contribution</b>	<b>65</b>	<b>\$43,500</b>	<b>\$43,500</b>	<b>\$43,500</b>

#### HMO Plan

		Current Kaiser Permanente	Renewal Kaiser Permanente	Alternative Regence BlueShield
<b>Monthly Rates</b>		<b>HSA Healthplan 3.0 PPO</b>		
Employee Only	49	\$362.78	\$417.20	\$493.80
Employee + Spouse	3	\$801.50	\$921.71	\$1,091.10
Employee + Child(ren)	3	\$676.74	\$778.24	\$921.20
Employee + Family	3	\$1,115.47	\$1,282.80	\$1,518.50
<b>HMO Plan Annual Cost</b>	<b>58</b>	<b>\$306,688</b>	<b>\$352,693</b>	<b>\$417,463</b>
% Change			15.0%	36.1%
\$ Change			\$46,004	\$110,775
<b>HSA Annual Contribution</b>				
Employee	49	\$500	\$500	\$500
Family	9	\$1,000	\$1,000	\$1,000
<b>HMO HSA Annual Contribution</b>	<b>58</b>	<b>\$33,500</b>	<b>\$33,500</b>	<b>\$33,500</b>
<b>Total Medical Plan Annual Cost</b>		<b>\$797,844</b>	<b>\$917,520</b>	<b>\$995,292</b>
<b>Total HSA Annual Cost</b>		<b>\$77,000</b>	<b>\$77,000</b>	<b>\$77,000</b>
<b>Total HRA Annual Cost</b>		<b>\$83,739</b>	<b>\$115,064</b>	<b>\$115,064</b>
<b>Combined Medical/HSA/HRA Annual Cost</b>		<b>\$958,583</b>	<b>\$1,109,583</b>	<b>\$1,187,356</b>
% Change			15.8%	23.9%
\$ Change			\$151,001	\$228,773

#### Remember

- All plan options meet the requirements to be considered Minimum Essential Coverage and a Minimum Actuarial Value Plan.

Prepared by:  
 Gallagher

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Cedar Park Assembly of God  
September 2021  
Cedar Park 000668

# Medical Renewal & Quotes

## *Kaiser Permanente Renewal Calculation Notes*

### Key Renewal Findings Provided by Kaiser

- Credibility is changing from 60%/40% to 80%/20% (which is helping the renewal)
- There is a very large active claimant in the amount of \$1,399,166.27
- There are three other active large claimants
- MBR is 256% for 2020 and 123% for 2019
- Total per member per month dollar amount has increased 109.5%
- Renewal called for a 19.2% increase, however actual renewal was 15% due to rate cap in place

## *RFP Responses*

### Carriers Invited to Bid

#### Regence Blue Shield

- Regence was the only carrier that provided a quote (+25% above current rates, +8% above Kaiser renewal rates)
- Regence has a smaller provider system (AHN) that could replace the HMO plan, estimated at 6-8% below the PPO plan they quoted (Eastside Health Network is not currently included in their AHN but will be as of 1/1/2022)
- Regence is not able to accommodate the current abortion language on a fully-insured basis, but would be able to provide a level-funded quote that would allow the language
- Renewal called for a 19.2% increase, however actual renewal was 15% due to rate cap in place

#### Aetna

- Aetna declined to quote - Rates were coming in around +75% above the Kaiser renewal

#### Premiera Blue Cross

- Premiera declined to quote - Rates were coming in around +5% above the Kaiser PPO renewal and +23% above the Kaiser HMO renewal

#### Cigna

- Cigna declined to quote - Rates were coming in around +12-17% above the Kaiser renewal

#### UnitedHealthcare

- UHC declined to quote - Rates were coming in around +11% above the Kaiser renewal

# HRA Administration

## Cost Comparison and Utilization - Deductible Only HRA

Administration Costs		Current NMR	Renewal NMR
Submission Fee (Per Employee)	27	\$40.00	\$40.00
Renewal Fee Per Plan Per Year		\$225.00	\$225.00
<b>Total Annual Administration Cost</b>		<b>\$1,305</b>	<b>\$1,305</b>


Reimbursement Limits		Current NMR	Renewal NMR
<b>PPO Plan Deductible</b>		\$6,750/\$13,500	\$6,750/\$13,500
Employee	43	\$5,350	\$5,350
Employee & Family	22	\$10,700	\$10,700
<b>HMO Plan Deductible</b>		\$6,750/\$13,500	\$6,750/\$13,500
Employee	49	\$5,350	\$5,350
Employee & Family	9	\$10,700	\$10,700
<b>Annual Maximum Liability</b>		<b>\$823,900</b>	<b>\$823,900</b>

HRA Utilization Costs and Projections		Current Completion Projection	Renewal Projection
<b>Combined Plan Utilization</b>		\$82,434	\$113,759
<b>% of Max Utilization</b>		<b>10.0%</b>	<b>13.8%</b>

Total Costs Projection		Current Projected	Renewal Projected
<b>Administration Cost</b>		\$1,305	\$1,305
<b>Projected Utilization</b>		\$82,434	\$113,759
<b>Total HRA Annual Cost Projection</b>		<b>\$83,739</b>	<b>\$115,064</b>

### Remember

- HRA Utilization Projection is calculated based on current plan designs. If plan designs are changed, it will cause a change in utilization pattern. Actual utilization may vary.
- HRA Projection Trend: 6.1%

Prepared by:  
 Gallagher


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Cedar Park Assembly of God  
September 2021  
Cedar Park 000670

# HRA Administration

## *Benefit Outline - Deductible Only HRA*

	Current NMR	Renewal NMR
<b>PPO Plan</b>		
<b>Member Responsibility Before HRA</b>		
Employee	\$1,400	\$1,400
Employee & Family	\$2,800	\$2,800
<b>HRA Reimbursement Toward Deductible</b>		
Employee	\$5,350	\$5,350
Employee & Family	\$10,700	\$10,700
<b>Total Deductible</b>		
Employee	\$6,750	\$6,750
Employee & Family	\$13,500	\$13,500
	Current NMR	Renewal NMR
<b>HMO Plan</b>		
<b>Member Responsibility Before HRA</b>		
Employee	\$1,400	\$1,400
Employee & Family	\$2,800	\$2,800
<b>HRA Reimbursement Toward Deductible</b>		
Employee	\$5,350	\$5,350
Employee & Family	\$10,700	\$10,700
<b>Total Deductible</b>		
Employee	\$6,750	\$6,750
Employee & Family	\$13,500	\$13,500

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 Gallagher

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Cedar Park Assembly of God  
September 2021  
Cedar Park 000671



# Medical

## Benefit Outline

PCY = Per Calendar Year	Current/Renewal Kaiser Permanente	Current/Renewal Kaiser Permanente	
	In-Network	In-Network	Out-of-Network
Medical Plan	Core HMO	Access PPO	
Annual Deductible (Individual/Family)	\$6,750/\$13,500	\$6,750/\$13,500	
Coinsurance	10%	10% (5%*)	30%
Annual Out-of-Pocket Maximum (Individual/Family)	\$6,900/\$13,800	\$6,900/\$13,800	
Preventive Care	Covered in full	Covered in full	30% after deductible
Outpatient Services			
• Office Visit	10% after deductible	10%* after deductible	30% after deductible
• Diagnostic Lab & X-ray	10% after deductible	10% after deductible	30% after deductible
• Surgery	10% after deductible	10% after deductible	30% after deductible
• Rehabilitation	10% after deductible	10%* after deductible	30% after deductible
	Up to 60 visits PCY	Up to 60 visits PCY	
Other Services			
• Chiropractic Care	10% after deductible	10% after deductible	30% after deductible
	Up to 10 visits PCY	Up to 8 visits PCY	
• Acupuncture	10% after deductible	10% after deductible	30% after deductible
	Up to 12 visits PCY	Up to 12 visits PCY	
Urgent Care	10% after deductible	10%* after deductible	30% after deductible
Emergency Room (copay waived if admitted)	10% after deductible	10% after deductible	
Inpatient Hospitalization	10% after deductible	10% after deductible	30% after deductible
Prescription Drug Plan	At Preferred Pharmacies	At Preferred Pharmacies	
Retail Pharmacy (30-day supply)	Medical Deductible Applies	Medical Deductible Applies	
• Preferred Generic	\$20 after deductible	\$10 after deductible	
• Preferred Brand	\$40 after deductible	\$35 (\$30*) after deductible	
• All Non-Preferred	\$60 after deductible	\$70 (\$65*) after deductible	
• Specialty	Above copays apply	Above copays apply	
Mail Order (90-day supply)	3 X retail copay	3 X retail copay (enhanced only*)	
Part D Creditable/Non-Creditable	Creditable	Creditable	
Formulary	2021 KPWA Large Group Formulary	2021 KPWA Large Group Formulary	

### Remember

- For plan years beginning in 2021, non-grandfathered QHDHP health plans must have a minimum individual deductible of \$1,400 for an aggregate deductible and \$2,800 for an embedded deductible.
- For plan years beginning in 2021, non-grandfathered health plans must include embedded in-network self-only out-of-pocket limits for each family member if the family deductible or out-of-pocket maximum is over \$8,550.
- \*Kaiser PPO: Enhanced cost share applies when members utilize a Kaiser facility or pharmacy.

Prepared by:  
 Gallagher

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Cedar Park Assembly of God  
September 2021  
Cedar Park 000672

# HIPAA Solutions


Gallagher's Compliance Solutions team has options that can help your organization face the future with increased confidence. With Gallagher's HIPAA Solution, your organization can meet its HIPAA compliance goals for your employer-sponsored health plan, including building better HIPAA policies and procedures, training workforce members, and conducting a Security Risk Analysis.

## 1) Gallagher's proprietary Customized HIPAA solution is intended for employers with more than 250 employees and/or self-insured medical benefits.

<b>HIPAA Customized</b>	<b>Price</b>
<b>Policies and Procedures</b>	
Level One: Customized written HIPAA Privacy policies and procedures, 26 Privacy forms, and a Notice of Privacy Practices (if requested)	\$2,500
Level Two: Customized written HIPAA Security policies and procedures and 23 Security forms	\$3,500
Level Three: Customized written HIPAA Privacy and Security policies and procedures, 26 Privacy forms, 23 Security forms, and a Notice of Privacy Practices (if requested)	\$5,000
<b>Training</b>	
Level One: Customized recorded Privacy and Security HIPAA Workforce Member training webinar	\$2,500
Level Two: Customized one-time, live, on-site Privacy and Security workforce training lasting approximately 90 to 120 minutes	\$3,500
Level Three: Customized one-time, live, on-site Privacy and Security HIPAA Workforce Member training lasting approximately 90 to 120 minutes, and a customized recorded Privacy and Security workforce training webinar	\$5,500
<b>Risk Analysis</b>	
Completion and documentation of a current HIPAA Security Risk Analysis and documentation of compliance with the HIPAA Security Rule safeguard requirements	\$12,500
<b>Bundles</b>	
Level One: Customized written HIPAA Privacy and Security policies and procedures, 26 Privacy forms, 23 Security forms, and a Notice of Privacy Practices (if requested); customized one-time, live, on-site Privacy and Security HIPAA Workforce Member training lasting approximately 90 to 120 minutes, and a customized recorded Privacy and Security workforce training webinar	\$10,000
Level Two: Customized written HIPAA Privacy and Security policies and procedures, 26 Privacy forms, 23 Security forms, and a Notice of Privacy Practices (if requested); customized one-time, live, on-site Privacy and Security HIPAA Workforce Member training lasting approximately 90 to 120 minutes, and a customized recorded Privacy and Security workforce training webinar; completion and documentation of a current HIPAA Security Risk Analysis and documentation of compliance with the HIPAA Security Rule safeguard requirements	\$22,000

## 2) Gallagher's proprietary Core HIPAA solution is intended for employers with 250 or fewer employees and fully insured medical benefits, but services are also available for customized training and Security Risk Analysis facilitation.

<b>HIPAA Core</b>	<b>Price</b>
<b>Policies and Procedures</b>	
Semi-customized core HIPAA Privacy and Security policies, procedures, and forms	\$750
Recorded webinar training	\$350

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 Gallagher

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# Dental

## Benefit & Cost Outline

	Current/Renewal/Negotiated Delta Dental of WA			Alternative 1 MetLife		Alternative 2 Ameritas	
	In-Network	Out-of-Network	MAC	In-Network	Out-of-Network	In-Network	Out-of-Network
Dental Plan				MetLife PPO	99th UCR	Freedom of Choice	90th UCR
Annual Deductible (waived for Preventive & Diagnostic)	\$0 per person \$0 per family	\$50 per person \$150 per family		\$0 per person \$0 per family	\$50 per person \$150 per family	\$0 per person \$0 per family	\$50 per person \$150 per family
Annual Benefit Maximum	\$1,500 per person			\$1,500 per person		\$1,500 per person	
Waiting Period	12 months for Major Services			None		None	
Services							
• Preventive & Diagnostic	No charge	No charge		No charge	No charge	No charge	No charge
• Basic	20%	20% after deductible		20%	20% after deductible	20%	20% after deductible
• Major	50%	50% after deductible		50%	50% after deductible	50%	50% after deductible
Periodontics	Covered under Basic			Covered under Basic		Covered under Basic	
Endodontics	Covered under Basic			Covered under Basic		Covered under Basic	
Implants	Covered under Major			Covered under Major		Covered under Major	
Orthodontia	Not covered			Not covered		Not covered	
Late Entrant Penalty	Next Annual Open Enrollment			Next Annual Open Enrollment		Next Annual Open Enrollment	
Monthly Rates	Current	Renewal	Negotiated				
Employee Only 95	\$48.95	\$52.18	\$50.42	\$44.95		\$45.99	
Employee + Spouse 18	\$95.79	\$102.10	\$98.66	\$87.97		\$91.96	
Employee + Child(ren) 9	\$105.56	\$112.52	\$108.73	\$96.94		\$101.34	
Employee + Family 19	\$152.41	\$162.46	\$156.98	\$139.97		\$146.31	
Rate Guarantee		12 months	12 months	12 months - 5% rate cap for year 2 & 3		12 months	
Total Annual Cost 141	\$122,644	\$130,732	\$126,324	\$112,627		\$116,595	
% Change		6.6%	3.0%	-8.2%		-4.9%	
\$ Change		\$8,088	\$3,680	(\$10,016)		(\$6,048)	

### Remember

- **DDWA:** Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, and terms and conditions of the contract.
- **MetLife and Ameritas:** Out-of-Network benefits are paid at usual, customary and reasonable rates. Any amounts in excess will be the responsibility of the plan member.

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## Contribution Outline

		Current			Renewal		
		Total Cost	ER Cost	EE Cost*	Total Cost	ER Cost	EE Cost*
<b>PPO Medical Plan</b>							
Employee	43	\$419.75	\$280.75	\$139.00	\$482.71	\$322.86	\$159.85
Employee + Spouse	4	\$927.39	\$288.39	\$639.00	\$1,066.50	\$331.65	\$734.85
Employee + Child(ren)	8	\$783.03	\$289.03	\$494.00	\$900.50	\$332.39	\$568.11
Employee + Family	10	\$1,290.66	\$286.66	\$1,004.00	\$1,484.24	\$329.65	\$1,154.59
<b>HMO Medical Plan</b>							
Employee	49	\$362.78	\$273.78	\$89.00	\$417.20	\$314.85	\$102.35
Employee + Spouse	3	\$801.50	\$254.50	\$547.00	\$921.71	\$292.67	\$629.04
Employee + Child(ren)	3	\$676.74	\$254.74	\$422.00	\$778.24	\$292.95	\$485.29
Employee + Family	3	\$1,115.47	\$255.47	\$860.00	\$1,282.80	\$293.79	\$989.01
<b>Medical Total Annual Cost</b>		<b>\$797,844</b>	<b>\$409,368</b>	<b>\$388,476</b>	<b>\$917,520</b>	<b>\$470,773</b>	<b>\$446,747</b>
<b>Additional Employer Contributions</b>							
Annual HSA Contribution		\$77,000	\$77,000	\$0	\$77,000	\$77,000	\$0
Annual HRA Contribution		\$83,739	\$83,739	\$0	\$115,064	\$115,064	\$0
<b>Medical/HRA/HSA Annual Cost</b>		<b>\$958,583</b>	<b>\$570,107</b>	<b>\$388,476</b>	<b>\$1,109,583</b>	<b>\$662,837</b>	<b>\$446,747</b>
<b>Dental Plan</b>							
Employee	95	\$48.95	\$28.95	\$20.00	\$50.42	\$29.82	\$20.60
Employee + Spouse	18	\$95.79	\$35.79	\$60.00	\$98.66	\$36.86	\$61.80
Employee + Child(ren)	9	\$105.56	\$45.56	\$60.00	\$108.73	\$46.93	\$61.80
Employee + Family	19	\$152.41	\$52.41	\$100.00	\$156.98	\$53.98	\$103.00
<b>Dental Total Annual Cost</b>		<b>\$122,644</b>	<b>\$57,604</b>	<b>\$65,040</b>	<b>\$126,324</b>	<b>\$59,332</b>	<b>\$66,991</b>
<b>Total Annual Cost</b>		<b>\$1,081,227</b>	<b>\$627,711</b>	<b>\$453,516</b>	<b>\$1,235,907</b>	<b>\$722,169</b>	<b>\$513,738</b>
<b>% Change</b>					<b>14.3%</b>	<b>15.0%</b>	<b>13.3%</b>
<b>\$ Change</b>					<b>\$154,681</b>	<b>\$94,459</b>	<b>\$60,222</b>

\* Under the Affordable Care Act (ACA), coverage is affordable for an employee if the employee's contribution toward the lowest-cost, self-only, minimum value coverage does not exceed a specified percentage of the employee's household income (9.78% for plan years beginning in 2020; and 9.83% for plan years beginning in 2021). There are three safe harbors including the Federal Poverty Line (FPL) safe harbor. To meet the FPL safe harbor for affordability for plan years beginning July 1, 2021 through December 1, 2021, employers must use the 2021 Federal Poverty Line (FPL) multiplied by the 2021 affordability safe harbor rate of 9.83% in order to get the maximum annual affordable contribution. Using that calculation, the maximum affordable contribution for a month is equal to \$105.51 per month for the 48 contiguous states, \$131.80 for Alaska and \$121.40 for Hawaii.

Note: the affordability percentage rate, and therefore the dollar amount, may change annually. Employers may use the poverty guidelines in effect within six months before the beginning of the plan year. There are two additional safe harbor options that may be used: the Form W-2 Safe Harbor or the Rate of Pay Safe Harbor. Guidance also addresses how HRA contributions, wellness program rewards, employer flex credits, defined contribution arrangements, opt-out payments, and fringe benefit payments required under the Davis-Bacon Act and the Service Contract Act affect the affordability of employer coverage. See our ACA Affordability Safe Harbors Chart for details.

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## Voluntary Vision

### Benefit & Cost Outline

Employee Share of Eligible Expenses	Current/Renewal vChoice (Underwritten by VSP) Base Plan		Current/Renewal vChoice (Underwritten by VSP) Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Signature Plan		Signature Plan	
<b>Vision Plan</b>				
<b>Routine Exam Copay</b>	\$10	\$10	\$10	\$10
<b>Routine Exam</b>	Covered in full*	Reimbursed up to \$50*	Covered in full*	Reimbursed up to \$50*
<b>Materials Copay</b>	\$25	\$25	\$25	\$25
<b>Lenses</b> (per pair)		Reimbursed up to...		Reimbursed up to...
• Single Vision	No charge*	\$50*	No charge*	\$50*
• Lined Bifocals	No charge*	\$75*	No charge*	\$75*
• Lined Trifocals	No charge*	\$100*	No charge*	\$100*
<b>Frames</b>	\$130 allowance then 20% discount*	Reimbursed up to \$70*	\$130 allowance then 20% discount*	Reimbursed up to \$70*
<b>Contact Lenses</b> (in lieu of eyeglasses)				
• Fitting and Evaluation	Up to \$60 copay after 15% discount	Reimbursed up to \$105 for services and materials	Up to \$60 copay after 15% discount	Reimbursed up to \$105 for services and materials
• Elective Contacts	\$130 allowance		\$130 allowance	
<b>Frequency</b> (Exam/Lenses/Frames/Contacts)	12/12/24/12 Months		12/12/12/12 Months	
<b>Monthly Rates</b>	<i>Base</i>	<i>Buy-Up</i>	<i>Current</i>	<i>Renewal</i>
Employee Only	34	14	\$7.86	\$7.86
Employee + Spouse	5	8	\$12.58	\$12.58
Employee + Child(ren)	4	2	\$12.84	\$12.84
Employee + Family	8	4	\$20.71	\$20.71
<b>Rate Guarantee</b>			12 months	12 months
<b>Total Annual Cost</b>	<b>51</b>	<b>28</b>	<b>\$6,566</b>	<b>\$6,566</b>
<b>% Change</b>			0.0%	0.0%
<b>\$ Change</b>			\$0	\$0

\*Less any applicable copay.

#### Remember

- Out-of-Network benefits reflect the maximum reimbursement for specific services.
- Members may receive additional discount off of non-covered lens options when services are received from a VSP network provider.
- Frequency applies beginning with first date of service.

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## Life/AD&D

### Benefit & Cost Outline

Current/Renewal Lincoln Financial Group			
Life and AD&D Plan			
Benefit Amount		\$10,000	
Guarantee Issue		\$10,000	
Additional Features <ul style="list-style-type: none"><li>• Accelerated Benefit</li><li>• Conversion</li><li>• Portability</li><li>• Waiver of Premium</li></ul>		Up to 75% Included Included Included	
Benefit begins to reduce at age		65	
Monthly Rates			
	Volume		
Life (per \$1,000 of benefit)	\$1,866,000	\$0.190	\$0.190
AD&D (per \$1,000 of benefit)	\$1,866,000	\$0.020	\$0.020
Rate Guarantee			24 months
Total Annual Cost	Lives: 196	\$4,702	\$4,702
% Change			0.0%
\$ Change			\$0

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## Long-Term Disability

### Benefit & Cost Outline

Current/Renewal Lincoln Financial Group			
<b>Long-Term Disability (LTD)</b>			
Elimination Period	90 days		
Covered Monthly Earnings	60%		
Benefit Maximum	\$5,000		
Benefit Minimum	Greater of 10% or \$100		
Definition of Earnings	Base monthly earnings		
Definition of Disability	24 months own occupation		
Maximum Duration	SSNRA		
Tax Free Benefit (Gross Up)	No		
Benefit Limitations			
• Pre-Existing Condition	3/12		
• Mental Health & Chemical Dependency	24 months		
• Self-Reported	24 months		
Additional Features			
• Conversion	Included		
• W2 Prep	Included		
• FICA Matching	Included		
• Employee Assistance Program	Included with up to 4 face-to-face visits		
<b>Monthly Rates</b>	<b>Volume</b>	<b>Current</b>	<b>Renewal</b>
LTD (per \$100 of covered monthly payroll)	\$728,460	\$0.217	\$0.217
Rate Guarantee			24 months
Total Annual Cost	Lives: 196	<b>\$18,969</b>	<b>\$18,969</b>
% Change			0.0%
\$ Change			\$0

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## Voluntary Life

### Benefit & Cost Outline

Current/Renewal vChoice (Underwritten by Unum)			
Voluntary Life Monthly Rates	Lives	Volume	
Employee and Spouse (per \$1,000)			
< 25	1	\$50,000	\$0.057
25 - 29	0	\$0	\$0.069
30 - 34	0	\$0	\$0.092
35 - 39	1	\$50,000	\$0.103
40 - 44	4	\$400,000	\$0.115
45 - 49	7	\$940,000	\$0.172
50 - 54	10	\$1,625,000	\$0.264
55 - 59	8	\$550,000	\$0.493
60 - 64	4	\$475,000	\$0.756
65 - 69	6	\$795,000	\$1.456
70 +	0	\$0	\$2.361
Child(ren) (per unit) - Birth to Age 26	5	\$50,000	\$2.50
<b>Total Annual Cost</b>			<b>\$30,689</b>
<b>Rate Guarantee</b>			12 months

Current/Renewal vChoice (Underwritten by Unum)	
Voluntary Life Plan	
<b>Benefit Options</b>	<ul style="list-style-type: none"> <li>Employee: 1-5 x earnings rounded to \$10,000</li> <li>Spouse: .5-2.5 x earnings rounded to \$5,000</li> <li>Children (6 months to 26 years): \$10,000</li> <li>Infant (newborn to 6 months): \$1,000</li> </ul>
<b>Benefit Maximum</b>	Lesser of... 5 x earnings or \$500,000 50% of employees amount or \$250,000 <ul style="list-style-type: none"> <li>Employee: \$10,000</li> <li>Spouse: \$10,000</li> <li>Children (6 months to 26 years): \$1,000</li> <li>Infant (newborn to 6 months): \$1,000</li> </ul>
<b>Guarantee Issue</b>	<ul style="list-style-type: none"> <li>Employee: \$210,000</li> <li>Spouse: \$105,000</li> <li>Children (6 months to 26 years): \$10,000</li> <li>Infant (newborn to 6 months): \$1,000</li> </ul>
<b>Definition of Earnings</b>	Base salary + commissions
<b>Additional Features</b>	75% to \$500,000 Accelerated Benefit: Included Conversion: Included Portability: Included Waiver of Premium: Included
<b>Benefit begins to reduce at age</b>	65
<b>Participation Requirement</b>	10

#### Remember

- Current Enrollment: 31 Employees, 10 Spouses, and 5 Children.

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# Voluntary AD&D

## Benefit & Cost Outline

Current/Renewal vChoice (Underwritten by Standard)		
<b>Voluntary AD&amp;D Plan</b>		
<b>Benefit Options</b>		
<ul style="list-style-type: none"> <li>Employee</li> <li>Spouse</li> <li>Children (newborn to 26 years)</li> </ul>	\$100,000 increments 50% of employee amount \$10,000	
<b>Benefit Maximum</b>		
<ul style="list-style-type: none"> <li>Employee</li> <li>Spouse</li> <li>Children (newborn to 26 years)</li> </ul>	Lesser of... 10 x earnings or \$500,000 50% of employee amount or \$250,000 \$10,000	
<b>Definition of Earnings</b>	Base salary + commissions	
<b>Additional Features</b>		
<ul style="list-style-type: none"> <li>Portability</li> <li>Waiver of Premium</li> </ul>	Included Not included	
<b>Participation Requirement</b>	10	
<b>Voluntary AD&amp;D Monthly Rates</b>	<i>Lives</i>	<i>Volume</i>
Employee (per \$1,000)	45	\$7,300,000
<b>Total Annual Cost</b>	<b>\$4,117</b>	
<b>Rate Guarantee</b>	12 months	

### Remember

- Current Enrollment: 45 Employees.

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# Administration Services

## Cost Outline

### Single Billing Services

	Current GBS Administrators	Renewal GBS Administrators
PEPM Administration Fee	Your fee structure is 2% of the monthly medical premium	
Benefit Advocate	Included	

- Total Annual Fees shown are estimated and already included in medical premium.
- SBS regeneration fee not paying as billed - \$50

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## Annual Cost Summary

### Current

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$6,750 Ded.	\$797,844	\$409,368	\$388,476
HSA Funding		\$500 per individual/\$1,000 per family	\$77,000	\$77,000	\$0
Estimated HRA Utilization	NMR	\$5,350 per individual/\$10,700 per family	\$83,739	\$83,739	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$122,644	\$57,604	\$65,040
Voluntary Vision	vChoice (VSP)	Voluntary	\$11,346	\$0	\$11,346
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$4,702	\$4,702	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$18,969	\$18,969	\$0
Voluntary Life	vChoice (Unum)	Voluntary	\$30,689	\$0	\$30,689
Voluntary AD&D	vChoice (Standard)	Voluntary	\$4,117	\$0	\$4,117
Single Billing Services	GBS Administrators	2% of medical premium		Included in Medical	
PCORI		Healthcare Reform (\$2.54 PMPY)	\$311	\$311	\$0
<b>Total Annual Cost</b>			<b>\$1,151,050</b>	<b>\$651,382</b>	<b>\$499,668</b>

### Renewal

Coverage	Carrier	Benefit/Plan Option	Total Cost	ER Cost	EE Cost
Medical	Kaiser Permanente	Dual Option PPO/HMO \$6,750 Ded.	\$917,520	\$470,773	\$446,747
HSA Funding		\$500 per individual/\$1,000 per family	\$77,000	\$77,000	\$0
Estimated HRA Utilization	NMR	\$5,350 per individual/\$10,700 per family	\$115,064	\$115,064	\$0
Dental	Delta Dental of WA	\$1,500 annual maximum	\$126,324	\$59,332	\$66,991
Voluntary Vision	vChoice (VSP)	Voluntary	\$11,346	\$0	\$11,346
Life/AD&D	Lincoln Financial Group	\$10,000 flat benefit	\$4,702	\$4,702	\$0
Long-Term Disability	Lincoln Financial Group	60% to \$5,000	\$18,969	\$18,969	\$0
Voluntary Life	vChoice (Unum)	Voluntary	\$30,689	\$0	\$30,689
Voluntary AD&D	vChoice (Standard)	Voluntary	\$4,117	\$0	\$4,117
Single Billing Services	GBS Administrators	2% of medical premium		Included in Medical	
PCORI		Healthcare Reform (\$2.66 PMPY)	\$326	\$326	\$0
<b>Total Annual Cost</b>			<b>\$1,305,731</b>	<b>\$745,841</b>	<b>\$559,890</b>
% Change			13.4%	14.5%	12.1%
\$ Change			\$154,681	\$94,459	\$60,222

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## Carriers Invited To Bid


Fully-Insured Medical Plans	Response	Commission or Broker Fee	Supplemental Compensation
Kaiser Permanente	Current Carrier - Shown in Proposal	5.3%	Not Applicable
Aetna	Declined to Quote - Not Competitive	N/A	Not Applicable
Cigna	Declined to Quote - Not Competitive	N/A	Not Applicable
Premiera Blue Cross	Declined to Quote - Not Competitive	N/A	Not Applicable
Regence BlueShield	Shown in Proposal	N/A	Not Applicable
United Healthcare	Declined to Quote - Not Competitive	N/A	Not Applicable

Gallagher vChoice Plans	Response	Commission or Broker Fee	Supplemental Compensation
Vision - Vision Service Plan	Current Carrier - Shown in Proposal	10.0%	Not Applicable

Fully-Insured Dental Plans	Response	Commission or Broker Fee	Supplemental Compensation
Delta Dental of Washington	Current Carrier - Shown in Proposal	10.0%	Not Applicable
Lincoln Financial	Declined to Quote - Not Competitive	N/A	1.0% to 4.0% of Premium
MetLife	Shown in Proposal	10.0%	\$0.00 to \$29.50 PMPY
Ameritas	Shown in Proposal	10.0%	\$0.00 to \$29.50 PMPY

Miscellaneous Benefit Lines	Response	Commission or Broker Fee	Supplemental Compensation
HRA Administration - NMR	Current Carrier - Shown in Proposal	Net of Commission	Not Applicable
Benefit Advocate Center - GBS	Current Carrier - Shown in Proposal	Net of Commission	Not Applicable
Single Billing Services - GBSA	Current Carrier - Shown in Proposal	Net of Commission	Not Applicable

*Gallagher companies may receive supplemental compensation referred to in a variety of terms and definitions, such as contingent commissions, additional commissions and supplemental commission.*

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## Carriers Invited To Bid

Life/AD&D and Disability Plans	AM Best Rating	Response	Commission or Broker Fee	Supplemental Compensation
Lincoln Financial Group	A	Current Carrier - Shown in Proposal	Life: 20% LTD: 10%	\$0.00 to \$29.50 PMPY

Gallagher vChoice Plans	AM Best Rating	Response	Commission or Broker Fee	Supplemental Compensation
Life - Unum	A	Current Carrier - Shown in Proposal	20.0%	0.0% to 6.0% of Premium
AD&D - Standard	A	Current Carrier - Shown in Proposal	25.0%	0.0% to 3.5% of Premium
Pet Insurance - PetsBest	Not Applicable	Current Carrier - Not shown	7.5%	Not Applicable
Additional Administrative Fee	N/A	Current Carrier - Shown in Proposal	\$1.00 PPM	Not Applicable

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While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g., HMO) organizations, reflects their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

### A.M. Best's Rating Scale

Level	Category	Level	Category	Level	Category
A++, A+ .....	Superior	B, B- .....	Fair	D .....	Poor
A, A- .....	Excellent	C++, C+ .....	Marginal	E .....	Under Regulatory Supervision
B++, B+ .....	Very Good	C, C- .....	Weak	F .....	In Liquidation
				S .....	Rating Suspended
Financial Size Categories					
FSC I .....	Up to \$1,000	FSC IX .....	\$250,000 to \$500,000		
FSC II .....	\$1,000 to \$2,000	FSC X .....	\$500,000 to \$750,000		
FSC III .....	\$2,000 to \$5,000	FSC XI .....	\$750,000 to \$1,000,000		
FSC IV .....	\$5,000 to \$10,000	FSC XII .....	\$1,000,000 to \$1,250,000		
FSC V .....	\$10,000 to \$25,000	FSC XIII .....	\$1,250,000 to \$1,500,000		
FSC VI .....	\$25,000 to \$50,000	FSC XIV .....	\$1,500,000 to \$2,000,000		
FSC VII .....	\$50,000 to \$100,000	FSC XV .....	\$2,000,000 Or More		
FSC VIII .....	\$100,000 to \$250,000		(In \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)		
Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.					

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September 2021  
Cedar Park 000684

## Non-Grandfathered Status

You had a health policy in effect prior to March 23, 2010, and because you have made significant enough plan changes to have lost your grandfathered status, you must comply with the additional requirements under the Affordable Health Care Act (ACA).

**Examples of plan changes that could have caused you to lose grandfathered status include, but may not be limited to:**

- Significantly cut or reduce benefits; or
- Add or reduce annual dollar limits; or
- Raise coinsurance percentages; or
- Increase deductibles or out-of-pocket maximums by more than the amounts allowed based on medical inflation\*; or
- Increase employee contribution percentage by more than 5% of the contribution rate on March 23, 2010 (determined contribution rate based on COBRA valuation for self-insured plans).

\*Medical inflation is the increase since March 2010 in the overall medical care component of the Consumer Price Index for All Urban Consumers (CPI-U) (unadjusted) published by the Department of Labor.

Your plan must comply with the provisions that apply to grandfathered plans in addition to the provisions that apply to non-grandfathered plans. The additional requirements that apply to non-grandfathered plans include, but are not limited to:

- Provide coverage to children to age 26 regardless of whether they are eligible for their own employment-based coverage; and
- Provide coverage of recommended preventive services with no cost sharing; and
- Include patient protections such as guaranteed access to emergency room services and OB-GYNs and pediatricians; and
- Include new claims appeal rules including both internal and external review; and
- Comply with nondiscrimination rules for fully insured health plans under Code §105(h) which prohibit discrimination in favor of highly compensated individuals as to benefits and eligibility requirements (pending release of final regulations).

**For plan years starting on or after January 1, 2014,** plans that have lost grandfathered status will also have to comply with the following:

- No discrimination against individuals participating in clinical trials (insured plans only); and
- No discrimination based on health status; and
- Provide essential benefits (insured plans only) and prohibit cost sharing in excess of the limits for qualified high deductible health plans; and
- No discrimination against healthcare providers acting within the scope of their professional license and applicable State law; and
- Prohibit out-of-pocket limits in excess of applicable out of pocket limits as determined by HHS for plan years starting on or after January 1, 2015.

**NOTE: This is only a brief summary of ACA guidance, intended to highlight points with the most universal impact. It is not intended to be a complete summary of requirements, changes, or regulations. Further guidance and probable changes are expected to continue.**

## Employer Shared Responsibility Mandate/ACA Compliance

<b>Employer Shared Responsibility Mandate (ESRM)</b> Applicable Large Employer	50+ full-time equivalent employees	An employer that employed at least 50 full time equivalent employees (FTE) in the preceding calendar year is required to offer affordable, minimum value health coverage to substantially all FTEs and dependent children or pay a penalty. There are separate requirements for 6055 (minimum essential coverage) reporting and 6056 (applicable large employer reporting). Refer to GBS Sections 6055 & 6056 Reporting Requirements toolkit.
<b>Member of Controlled Group?</b>	Subject to Employer Determination	If the total of FTEs for all employers in the controlled group is at least 50, each separate company is an applicable large employer and is subject to the employer mandate. Penalties are then imposed based on the offer of coverage provided by each separate company.
<b>Medical Plan(s) meet Minimum Essential Coverage?</b>	Yes	A plan must meet the minimum essential coverage requirement for an applicable large employer to meet employer mandate requirement. The Summary of Benefits & Coverage is required to reflect if the plan is minimum essential coverage.
<b>Offering to 95% of full-time employees?</b>	Subject to Employer Determination	An applicable large employer is required to offer minimum essential coverage to at least 95% of full-time employees or be subject to a penalty.
<b>Medical Plan(s) meet Minimum Value?*</b>	Yes	If the plan is not of a minimum value, then an employee will be eligible to seek premium assistance from the Marketplace (Exchange). If the employee receives premium assistance through the Marketplace, the employer will be subject to a penalty. The SBC is required to reflect whether the plan is of a minimum value.
<b>Affordable Coverage?*</b>	Subject to Employer Determination	If the cost of health coverage for the employee is unaffordable, then an employee will be eligible to seek premium assistance to purchase a plan from the Marketplace. If the employee receives premium assistance to purchase health coverage, then the employer would be subject to a penalty.

\*ACA requires employers covered by the Fair Labor Standards Act to notify employees about the availability of health insurance options for the public marketplaces/exchanges. The Marketplace Notice you provide to new employees may need to be updated if the minimum value and/or affordable coverage status of your plan changes.

**NOTE:** The answers outlined here are based on the recommendations of this proposal. If these options are not chosen, are modified or final contributions differ, you may be subject to fees and penalties.

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# Proposal Assumptions

## General Assumptions

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- Carriers reserve the right to revise rates should any federal, state or local authority mandate a change in benefits or impose or change a tax on plan revenue during the contract period.
- A group health plan may not reduce its coverage of the costs of pediatric vaccines (as defined under section 1928(h)(6) of the Social Security Act as amended by section 13830 of the Omnibus Budget Reconciliation Act of 1993) below the coverage it provided as of May 1, 1993. If the preventive care benefit which includes immunizations is currently in or is added to your medical plan it cannot in the future be deleted.
- Generally all lines of coverage within a carrier must be packaged and have common eligibility.
- Retirees are not eligible for coverage unless they qualify for a COBRA extension.
- Final rates will be based on actual enrollment, participation, employer contribution and other underwriting guidelines.
- Effective date of September 1, 2021. Unless otherwise indicated, rates will be guaranteed for 12 months.
- The PCORI (Patient-Centered Outcomes Research Institute) Fee has been extended through September 30, 2029. The fee will be paid by the insurer for insured plans and by the plan sponsor for self-insured health plans. For plan years that end on or after October 1, 2020, and before October 1, 2021, the fee is \$2.66 per covered life. For plan years that end on or after October 1, 2019, and before October 1, 2020, the fee is \$2.54 per covered life. For plan years that end on or after October 1, 2018, and before October 1, 2019, the fee is \$2.45 per covered life.
- **Employer Contribution:** Please refer to contribution page.
- **Eligible Employees:** Employees must work 30 hours per week to be eligible.
- **Probationary Period:** First of month following date of hire.

## Kaiser Permanente

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- Rates are guaranteed for 12 months until September 1, 2022.
- The employer must contribute at least 50% of the employee-only monthly premium, and the contributions may not be made in a discriminatory manner.
- The proposed rates and benefits assume that 75% of all eligible employees are enrolled in a company-sponsored plan, excluding those who have documented other qualified coverage.
- If enrollment or demographic impact at initial sale effective date has changed by 10% or more from what was bid, the carrier reserves the right to re-rate that new business.
- ACA requires non-grandfathered plans to provide in-network coverage of recommended preventive services with no cost sharing.
- The Mental Health Parity and Addiction Equity Act requires benefits for mental health and substance abuse be similar to those applied to medical/surgical benefits.
- As stated in "General Assumptions."

## Delta Dental of WA

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- Rates are guaranteed for 12 months until September 1, 2022.
- As stated in "General Assumptions."

# Proposal Assumptions

## Lincoln Financial Group

- Rates are guaranteed for 12 months until September 1, 2022.
- All employees must be actively at work on their effective date in order to be covered.
- As stated in "General Assumptions."
- Employers who pay for employees' group term life insurance must tax them on the cost of insurance for amounts exceeding \$50,000. Internal Revenue Code Section 79 requires the taxable amount to be calculated using "uniform premium" rates commonly referred to as "Table I Rates".
- Your Plan is potentially discriminatory if it provides a better life insurance benefit to key employees; either on the basis of eligibility, difference in flat amount of benefit, or difference in multiplier. There are nondiscrimination tests that should be reviewed. If your Plan is discriminatory, you would have to tax your key employees on the value of the total amount of employer-paid life insurance.

Table I Rates:

Under age 25	\$0.05
Ages 25 - 29	\$0.06
Ages 30 - 34	\$0.08
Ages 35 - 39	\$0.09
Ages 40 - 44	\$0.10
Ages 45 - 49	\$0.15
Ages 50 - 54	\$0.23
Ages 55 - 59	\$0.43
Ages 60 - 64	\$0.66
Ages 65 - 69	\$1.27
Ages 70 +	\$2.06

## Northwest Marketing Resources (NMR)

- Rates are guaranteed for 12 months until September 1, 2022.
- As stated in "General Assumptions."

## GBS Administrators

- Rates are guaranteed for 12 months until September 1, 2022.
- As stated in "General Assumptions."

## Gallagher vChoice (Voluntary Vision - Underwritten by VSP)

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- As stated in "General Assumptions."

## Gallagher vChoice (Voluntary Life - Underwritten by Unum)


- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

## Gallagher vChoice (Voluntary AD&D - Underwritten by Standard)

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

## Gallagher vChoice (Voluntary Pet Insurance - Underwritten by PetsBest)

- Rates are guaranteed for a minimum of twenty four months after initial effective date and subject to change at renewal thereafter.
- A minimum participation of 10 employees is required.
- As stated in "General Assumptions."

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 Cedar Park 000688

## Gallagher Benefit Services Disclaimers

### Coverage


This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.

### Renewal/Financial

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

### Legal

The intent of this analysis [report, letter, etc.] is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

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September 2021  
Cedar Park 000689

# Gallagher Benefit Services Privacy Policy Disclosure

6/28/2021

Cedar Park Assembly of God  
Steve Orcutt  
16300 112 Ave NE  
Bothell, WA - 98011

RE: Privacy Policy Disclosure

Dear Steve,


Gallagher Benefit Services, Inc. (Gallagher) treats your personal privacy with care and respect. Because we value our client relationships, we do not disclose our clients' nonpublic personal, financial or health information with third parties, except for the specific purposes listed in the enclosed Privacy Policy Summary or as otherwise permitted by law. Personal information is any information that can be used to identify, locate or contact you or your employees. Personal information does not include publicly available information or individually identifiable business contact information of employees such as name, title, business address, business telephone number or business email address.

Applicable law requires Gallagher to provide our clients with notice of our Privacy Policy, a summary of which is enclosed here (the full text of the Gallagher Privacy Policy can be retrieved at the following URL: <http://www.ajg.com/privacy-policy/>). This policy does not apply to our efforts to market our products and services to you, so you may receive information from us regarding products that may suit your needs.

Gallagher has always been mindful of our clients' privacy. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal, financial and health information and that of your employees.

Thank you for choosing Gallagher Benefit Services, Inc. We appreciate your business and value our relationship.

Enclosure: Privacy Policy Summary

Prepared by:  
 Gallagher

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# Gallagher Benefit Services Privacy Policy Disclosure

This Privacy Policy Disclosure outlines and summarizes our information sharing practices to help you understand how we protect your privacy and that of your employees when we collect and use information about you and your employees, and the measures we take to safeguard that information.

**Information We May Collect.** We may collect the following nonpublic personal, financial or health information about you or your employees including:

- Information we receive from you and your employees on applications or questionnaires, such as occupation, current employer and social security number;
- Information about your transactions with us, our affiliates or previous insurers; such as your policy coverage, claim information, premiums and payment history;
- Information we receive from consumer-reporting agencies such as Equifax that is obtained for the purpose of ascertaining credit histories. These reports are obtained as underwriting tools to determine bill paying habits and credit worthiness for certain individual, personal insurance products. These reports are not subject to race, gender or income.
- Information that allows us to communicate with you or your employees, such as name, user name, password, age, marital status, occupation, mailing address, telephone numbers, email address, or other addresses that allow us to send a message;
- Information that assists us to conduct business with you or your employees, such as types of products or services that may be of interest, employee financial information, or information on your company's size, revenue, type, industry codes, demographics, locations, and financial information;
- Information about your transactions with us, our affiliates, or your previous providers;

**Information We Disclose.** We do not disclose any nonpublic personal, financial or health information about our clients, former clients or their employees to anyone, except for the purposes of placing your insurance coverage(s), fulfilling your requests for products or services and related activities, responding to your requests for a call or email, processing transactions you request, telling you about products or services we offer and as otherwise permitted by law.

**Information Security.** We restrict access to nonpublic personal, financial or health information about you and your employees to those employees and subcontractors who have a need to know that information to provide products or services to you or your employees. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal, financial and health information and that of your employees.

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# Medical

## Benchmarking - Contributions

2020 Gallagher Benefits Strategy and Benchmarking Survey							
	Cedar Park Assembly of God	Cedar Park Assembly of God	Religious Industry	K-12 Industry	Washington State	100 to 499 FTEs	All Employers
Medical Plan	HMO	PPO					
<b>Monthly Employer Contribution*</b>							
• Employee Only Plan	75%	67%	Insufficient data**	89%	Insufficient data**	82%	82%
• Family Plan	23%	22%	Insufficient data**	86%	Insufficient data**	75%	74%
<b>Factors That Determine Contributions</b>							
• Salary			13%	9%	5%	8%	9%
• Job Grade			9%	20%	2%	6%	6%
• Wellbeing Program Participating			7%	4%	7%	10%	11%
• Completion of Health Risk Assessment			4%	7%	4%	6%	7%
• Per-Dependent Charge			0%	5%	17%	10%	10%
• Other			13%	13%	14%	11%	12%
• No Variation in Contributions			61%	56%	60%	61%	59%
<b>Employee Cost-Sharing Increases Implemented at Most Recent Renewal</b>							
• Health Plan Premiums			51%	39%	39%	44%	44%
• Out-of-Pocket Maximums			13%	11%	14%	12%	14%
• Deductibles			9%	10%	16%	14%	16%
• Brand-Name Drugs			4%	6%	7%	5%	5%
• Specialty Drugs			2%	7%	8%	6%	6%
• Generic Drugs			2%	3%	4%	3%	3%
• Did not increase EE Cost Share			49%	54%	53%	50%	48%
<b>Monthly COBRA Rate*</b>							
• Employee Only Plan	\$370	\$428	Insufficient data**	\$534	\$533	\$610	\$564
• Family Plan	\$1,138	\$1,316	Insufficient data**	\$1,511	\$1,679	\$1,624	\$1,613
<b>Employer Contribution to HRA - Estimated</b>							
• Employee Only Plan	\$5,350	\$5,350	\$1,025	\$915	\$1,356	\$1,025	\$939
• Family Plan	\$10,700	\$10,700	\$1,788	\$1,340	\$1,813	\$1,731	\$1,616
<b>Does Employer Contribute to the HSA ?</b>	-	-	Yes - 46% No - 54%	Yes - 73% No - 27%	Yes - 91% No - 9%	Yes - 73% No - 27%	Yes - 73% No - 27%
<b>Employer Contribution to HSA - Estimated</b>							
• Employee Only Plan	\$500	\$500	\$786	\$785	\$968	\$828	\$793
• Family Plan	\$1,000	\$1,000	\$1,266	\$1,189	\$1,449	\$1,318	\$1,290

\*Benchmark Contribution data and COBRA rates are based on survey results for employees with HDHP plans with an HRA only.

\*\*Insufficient data indicates sample size responses too low to share results.

Cedar Park 000692

# Exhibit O



# cedarpark church

## 2022 Employee Benefits Renewal

Wednesday June 1<sup>st</sup>, 2022

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## Agenda

- I. Executive Summary
- II. Renewal and Marketing Summary
  - A. Medical – Current/Renewal/Alternative rates, benefits and contributions
  - B. Dental – Current/Renewal rates, benefits and contributions
  - C. Vision – Current/Renewal rates and benefits
  - D. Life and AD&D – Current/Renewal rates and benefits
  - E. Voluntary Life – Current/Alternative rates and benefits
  - F. Voluntary AD&D – Current rates and benefits
  - G. Long Term Disability – Current/Renewal rates and benefits
- III. Voluntary Critical Illness and Voluntary Accident
- IV. HRA
- V. Current Experience Reports
- VI. Carrier Reporting
- VII. Disclaimers and Disclosures



# Executive Summary

## Executive Summary

### I. Medical – Kaiser Permanente:

The renewal called for a 14.18% increase from current

- HDHP HMO – 7.43% increase (\$22,558)
- HDHP PPO – 17.14% increase (\$118,797)

### II. Dental – Delta Dental of Washington:

The renewal called for a 0% change from current with 1 year rate guarantee ending 08/31/2023.

### III. Vision – Vision Service Plan:

The renewal called for a 6.15% increase from current, or an increase of \$698 with 2 year rate guarantee ending 08/31/2024.

- Base Plan – 6.18% increase (\$406)
- Buy Up Plan – 6.12% increase (\$292)

### IV. Life and AD&D – Lincoln Financial Group:

The Life and AD&D plan is under 2 year rate guarantee ending 08/31/2023.



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## Executive Summary

### V. Voluntary Life – Unum:

The renewal called for a 0% increase.

#### **Lincoln Financial Group: alternative shown**

The Voluntary Life and AD&D plan is under 2 year rate guarantee ending 08/31/2024.

### VI. Voluntary AD&D – Standard Insurance Company:

The renewal called for a 0% increase.

#### **Long Term Disability – Lincoln Financial Group:**

The Long Term Disability plan is under 2 year rate guarantee ending 08/31/2023.

## Renewal Summary

### 2022 Plan Year

Coverage	Carrier	Renewal Date	Rate Action
Medical	Kaiser Permanente	09/01/2022	14.18% increase
Dental	Delta Dental of Washington	09/01/2022	0% change
Vision	Vision Service Plan	09/01/2022	6.15% increase
Life and AD&D	Lincoln Financial Group	09/01/2023	0% change
Voluntary Life	Unum	09/01/2022	0% change
Voluntary AD&D	Standard Insurance Company	09/01/2022	0% change
Long Term Disability	Lincoln Financial Group	09/01/2023	0% change



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# Medical Plans

## Medical Plans Current Summary – Kaiser Permanente

Carrier Name Plan Name				CURRENT	
				Kaiser Permanente	
PLAN DESIGN*				HDHP HMO	HDHP PPO
In-Network Benefits				Core HMO	Access PPO
Deductible Type				Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)				\$6,750 / \$13,500	\$6,750 / \$13,500
Out-of-Pocket Max Type				Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)				\$6,900 / \$13,800	\$6,900 / \$13,800
Coinsurance (member pays after deductible)				10%	10%
Preventive Care				Covered 100%	Covered 100%
Primary Care Visit				10% after deductible	10% after deductible (Enhanced benefit: 5% after deductible)
Specialist Visit				10% after deductible	10% after deductible (Enhanced benefit: 5% after deductible)
Telehealth				0% after deductible	0% after deductible
Urgent Care				10% after deductible	10% after deductible (Enhanced benefit: 5% after deductible)
Emergency Room				10% after deductible	10% after deductible
Inpatient Hospital				(Copay waived if admitted)	(Copay waived if admitted)
Outpatient Surgery				10% after deductible	10% after deductible
Chiropractic (visit limits may apply)				10% after deductible (10 Visits)	10% after deductible (Combined 8 visits)
Phys/Occ/Speech Therapy (visit limits may apply)				10% after deductible (Outpatient: Combined with Habilitation services 60 visits; Inpatient: 60 Days)	10% after deductible (Enhanced benefit: 5% after deductible) (Outpatient: Combined with Habilitation services 60 visits; Inpatient: 60 Days)
Diagnostic Test (X-ray, blood work)				10% after deductible	10% after deductible
Imaging (CT/PET scan, MRI)				10% after deductible	10% after deductible
Prescription Drug Benefit				Covered 100%	Covered 100%
Preventive Drug				30 Days	30 Days
Retail					
Tier I / Tier II / Tier III				\$20 / \$40 / \$60 after deductible	\$10 / \$35 / \$70 after deductible
Specialty					(Enhanced: \$10 / \$30 / \$65 after deductible)
Mail Order				\$20 / \$40 / \$60 after deductible	\$10 / \$35 / \$70 after deductible
Tier I / Tier II / Tier III				90 Days	90 days
				\$60 / \$120 / \$180 after deductible	\$30 / \$105 / \$210 after deductible
Out-of-Network Benefits					
Deductible Type				N/A	Embedded
CY Deductible (Individual / Family)				N/A	\$6,750 / \$13,500
Out-of-Pocket Max Type				N/A	Embedded
CY Out-of-Pocket Max (Individual / Family)				N/A	\$6,900 / \$13,800
Coinsurance (member pays after deductible)				N/A	30%
COST ANALYSIS					
	Plan 1	Plan 2		HDHP HMO	HDHP PPO
Employee (EE) Only	37	50		\$417.20	\$482.71
EE + Spouse	4	5		\$921.71	\$1,066.50
EE + Child(ren)	3	10		\$778.24	\$900.50
EE + Family	3	13		\$1,282.80	\$1,484.24
Total Enrollment	47	78			
Estimated Monthly Premium				\$25,306	\$57,768
Estimated Annual Premium				\$303,676	\$693,217
Dollar Difference from Current					
Percent Change from Current					
Total Combined Annual Cost					
				CURRENT	
Estimated Annual Premium				\$996,894	
Dollar Difference from Current					
Percent Change from Current					

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## Medical Plans Renewal Summary – Kaiser Permanente

Carrier Name Plan Name			RENEWAL	
			Kaiser Permanente	
PLAN DESIGN*			HDHP HMO	HDHP PPO
In-Network Benefits			Core HMO	Access PPO
Deductible Type			Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)			\$6,750 / \$13,500	\$6,750 / \$13,500
Out-of-Pocket Max Type			Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)			\$6,900 / \$13,800	\$6,900 / \$13,800
Coinsurance (member pays after deductible)			10%	10%
Preventive Care			Covered 100%	Covered 100%
Primary Care Visit			10% after deductible	10% after deductible (Enhanced benefit: 5% after deductible)
Specialist Visit			10% after deductible	10% after deductible (Enhanced benefit: 5% after deductible)
Telehealth			0% after deductible	0% after deductible
Urgent Care			10% after deductible	10% after deductible (Enhanced benefit: 5% after deductible)
Emergency Room			10% after deductible	10% after deductible
Inpatient Hospital			(Copay waived if admitted)	(Copay waived if admitted)
Outpatient Surgery			10% after deductible	10% after deductible
Chiropractic (visit limits may apply)			10% after deductible (10 Visits)	10% after deductible (Combined 8 visits)
Phys/Occ/Speech Therapy (visit limits may apply)			10% after deductible (Outpatient: Combined with Habilitation services 60 visits; Inpatient: 60 Days)	10% after deductible (Enhanced benefit: 5% after deductible) (Outpatient: Combined with Habilitation services 60 visits; Inpatient: 60 Days)
Diagnostic Test (X-ray, blood work)			10% after deductible	10% after deductible
Imaging (CT/PET scan, MRI)			10% after deductible	10% after deductible
Prescription Drug Benefit				
Preventive Drug			Covered 100%	Covered 100%
Retail			30 Days	30 Days
Tier I / Tier II / Tier III			\$20 / \$40 / \$60 after deductible	\$10 / \$35 / \$70 after deductible
Specialty			\$20 / \$40 / \$60 after deductible	(Enhanced: \$10 / \$30 / \$65 after deductible)
Mail Order			90 Days	\$10 / \$35 / \$70 after deductible
Tier I / Tier II / Tier III			\$60 / \$120 / \$180 after deductible	90 days
Out-of-Network Benefits				
Deductible Type			N/A	Embedded
CY Deductible (Individual / Family)			N/A	\$13,500 / \$27,000
Out-of-Pocket Max Type			N/A	Embedded
CY Out-of-Pocket Max (Individual / Family)			N/A	Unlimited
Coinsurance (member pays after deductible)			N/A	30%
COST ANALYSIS			HDHP HMO	HDHP PPO
Employee (EE) Only	Plan 1	Plan 2	\$448.19	\$565.43
EE + Spouse	4	5	\$990.18	\$1,249.27
EE + Child(ren)	3	10	\$836.05	\$1,054.82
EE + Family	3	13	\$1,378.09	\$1,738.60
Total Enrollment	47	78		
Estimated Monthly Premium			\$27,186	\$67,668
Estimated Annual Premium			\$326,234	\$812,014
	Dollar Difference from Current		\$22,558	\$118,797
	Percent Change from Current		7.43%	17.14%
Total Combined Annual Cost				
			RENEWAL	
Estimated Annual Premium			\$1,138,248	
			\$141,354	
			14.18%	

\*NOTE: Benefit deviations from Current are identified in red  
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# Non-Medical Plans

## Dental Plan Current/Renewal Summary – Delta Dental of Washington

		CURRENT		RENEWAL	
Carrier Name		Delta Dental of Washington		Delta Dental of Washington	
Plan Name		Dental PPO Plan		Dental PPO Plan	
PLAN DESIGN*					
Network		INN [Delta Dental PPO]	OON	INN [Delta Dental PPO]	OON
Calendar Year (CY) Deductible (Individual / Family)		\$0 / \$0	\$50 / \$150	\$0 / \$0	\$50 / \$150
Annual Maximum		\$1,500	\$1,500	\$1,500	\$1,500
Coinsurance** (member pays after deductible)					
Preventive Services		100%	100%	100%	100%
Cleaning Frequency		Twice in a benefit period	Twice in a benefit period	Twice in a benefit period	Twice in a benefit period
Deductible Waived?		Yes	Yes	Yes	Yes
Basic		80%	80%	80%	80%
Periodontics		80%	80%	80%	80%
Endodontics		80%	80%	80%	80%
Major		50%	50%	50%	50%
Implants		50%	50%	50%	50%
Orthodontics		Not Covered	Not Covered	Not Covered	Not Covered
Maximum Age		N/A	N/A	N/A	N/A
Deductible		N/A	N/A	N/A	N/A
Lifetime Max		N/A	N/A	N/A	N/A
OON Reimbursement Level		MAC		MAC	
COST ANALYSIS					
	Plan 1	Dental PPO Plan		Dental PPO Plan	
Employee (EE) Only	95	\$50.42		\$50.42	
EE + Spouse	18	\$98.66		\$98.66	
EE + Child(ren)	9	\$108.73		\$108.73	
EE + Family	19	\$156.98		\$156.98	
Total Enrollment	141				
Estimated Monthly Premium		\$10,527		\$10,527	
Estimated Annual Premium		\$126,324		\$126,324	
Dollar Difference from Current				\$0	
Percent Change from Current				0.00%	

\*\*Exclusions/limitations may apply

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## Contribution Outline

		Current (9/1/2021 - 8/31/2022)			Renewal (9/1/2022 - 8/31/2023)		
		Total Cost	ER Cost	EE Cost*	Total Cost	ER Cost	EE Cost*
<b>PPO Medical Plan</b>							
Employee	50	\$482.71	\$333.71	\$149.00	\$565.43	\$390.90	\$174.53
Employee + Spouse	5	\$1,066.50	\$397.50	\$669.00	\$1,249.27	\$465.62	\$783.65
Employee + Child(ren)	10	\$900.50	\$386.50	\$514.00	\$1,054.82	\$452.74	\$602.08
Employee + Family	13	\$1,484.24	\$430.24	\$1,054.00	\$1,738.60	\$503.97	\$1,234.63
<b>HMO Medical Plan</b>							
Employee	37	\$417.20	\$318.20	\$99.00	\$448.19	\$341.84	\$106.35
Employee + Spouse	4	\$921.71	\$344.71	\$577.00	\$990.18	\$370.32	\$619.86
Employee + Child(ren)	3	\$778.24	\$336.24	\$442.00	\$836.05	\$361.22	\$474.83
Employee + Family	3	\$1,282.80	\$372.80	\$910.00	\$1,378.09	\$400.49	\$977.60
<b>Medical Total Annual Cost</b>		<b>\$996,894</b>	<b>\$520,926</b>	<b>\$475,968</b>	<b>\$1,138,248</b>	<b>\$592,399</b>	<b>\$545,849</b>
% Change					14.2%	13.7%	14.7%
\$ Change					\$141,354	\$71,473	\$69,881
<b>Annual HSA Contribution</b>							
Employee Only	87	\$500	\$500	\$0	\$500	\$500	\$0
Employee + Dependents	38	\$1,000	\$1,000	\$0	\$1,000	\$1,000	\$0
<b>HSA Contribution Total Annual Cost</b>		<b>\$81,500</b>	<b>\$81,500</b>	<b>\$0</b>	<b>\$81,500</b>	<b>\$81,500</b>	<b>\$0</b>
% Change					0.0%	0.0%	0.0%
\$ Change					\$0	\$0	\$0
<b>Dental Plan</b>							
Employee	95	\$50.42	\$28.42	\$22.00	\$50.42	\$28.42	\$22.00
Employee + Spouse	18	\$98.66	\$35.66	\$63.00	\$98.66	\$35.66	\$63.00
Employee + Child(ren)	9	\$108.73	\$45.73	\$63.00	\$108.73	\$45.73	\$63.00
Employee + Family	19	\$156.98	\$51.98	\$105.00	\$156.98	\$51.98	\$105.00
<b>Dental Total Annual Cost</b>		<b>\$126,324</b>	<b>\$56,892</b>	<b>\$69,432</b>	<b>\$126,324</b>	<b>\$56,892</b>	<b>\$69,432</b>
% Change					0.0%	0.0%	0.0%
\$ Change					\$0	\$0	\$0
<b>Total Annual Cost</b>		<b>\$1,204,717</b>	<b>\$659,317</b>	<b>\$545,400</b>	<b>\$1,346,072</b>	<b>\$730,791</b>	<b>\$615,281</b>
% Change					11.7%	10.8%	12.8%
\$ Change					\$141,354	\$71,473	\$69,881

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## Vision Plans Current Summary – Vision Service Plan (Voluntary)

			CURRENT			
Carrier Name			Vision Service Plan			
Plan Name			Base Plan		Buy Up Plan	
PLAN DESIGN*						
Network Name			VSP	Out of network	VSP	Out of network
Exam (including eyewear exam)			12 Months	12 Months	12 Months	12 Months
Frequency			\$10 Copay	Reimburse up to \$50	\$10 Copay	Reimburse up to \$50
Benefit						
Lenses						
Materials Copay			\$25 Copay	12 Months	\$25 Copay	12 Months
Frequency			12 Months	Reimburse up to \$50	12 Months	Reimburse up to \$50
Single			\$25 Copay	Reimburse up to \$75	\$25 Copay	Reimburse up to \$75
Bifocal			\$25 Copay	Reimburse up to \$100	\$25 Copay	Reimburse up to \$100
Trifocal			\$25 Copay		\$25 Copay	
Frames						
Frequency			24 Months	24 Months	12 Months	12 Months
Allowance			Up to \$130 plus 20% off	Reimburse up to \$70	Up to \$130 plus 20% off	Reimburse up to \$70
Contact Lenses						
Frequency			12 Months	12 Months	12 Months	12 Months
Allowance			Up to \$130	Reimburse up to \$105	Up to \$130	Reimburse up to \$105
Medically Necessary			Covered in full	Reimburse up to \$210	Covered in full	Reimburse up to \$210
Separate Fitting Allowance			Up to \$60 copay after 15% discount	Reimburse up to \$105	Up to \$60 copay after 15% discount	Reimburse up to \$105
COST ANALYSIS						
	Plan 1	Plan 2	Base Plan		Buy Up Plan	
Employee (EE) Only	34	14	\$7.86		\$9.81	
EE + Spouse	5	8	\$12.58		\$15.70	
EE + Child(ren)	4	2	\$12.84		\$16.02	
EE + Family	8	4	\$20.71		\$25.83	
Total Enrollment	51	28				
Estimated Monthly Premium			\$547		\$398	
Estimated Annual Premium			\$6,566		\$4,780	
Dollar Difference from Current						
Percent Change from Current						
Total Combined Annual Cost						
Estimated Annual Premium			\$11,346			
Dollar Difference from Current						
Percent Change from Current						

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## Vision Plans Renewal Summary – Vision Service Plan (Voluntary)

			RENEWAL			
Carrier Name			Vision Service Plan			
Plan Name			Base Plan		Buy Up Plan	
PLAN DESIGN*						
Network Name			VSP	Out of network	VSP	Out of network
Exam (including eyewear exam)						
Frequency			12 Months	12 Months	12 Months	12 Months
Benefit			\$10 Copay	Reimburse up to \$50	\$10 Copay	Reimburse up to \$50
Lenses						
Materials Copay			\$25 Copay		\$25 Copay	
Frequency			12 Months	12 Months	12 Months	12 Months
Single			\$25 Copay	Reimburse up to \$50	\$25 Copay	Reimburse up to \$50
Bifocal			\$25 Copay	Reimburse up to \$75	\$25 Copay	Reimburse up to \$75
Trifocal			\$25 Copay	Reimburse up to \$100	\$25 Copay	Reimburse up to \$100
Frames						
Frequency			24 Months	24 Months	12 Months	12 Months
Allowance			Up to \$130 plus 20% off	Reimburse up to \$70	Up to \$130 plus 20% off	Reimburse up to \$70
Contact Lenses						
Frequency			12 Months	12 Months	12 Months	12 Months
Allowance			Up to \$130	Reimburse up to \$105	Up to \$130	Reimburse up to \$105
Medically Necessary			Covered in full	Reimburse up to \$210	Covered in full	Reimburse up to \$210
Separate Fitting Allowance			Up to \$60 copay after 15% discount	Reimburse up to \$105	Up to \$60 copay after 15% discount	Reimburse up to \$105
COST ANALYSIS						
	Plan 1	Plan 2	Base Plan		Buy Up Plan	
Employee (EE) Only	34	14	\$8.35		\$10.41	
EE + Spouse	5	8	\$13.35		\$16.66	
EE + Child(ren)	4	2	\$13.63		\$17.00	
EE + Family	8	4	\$21.98		\$27.41	
Total Enrollment	51	28				
Estimated Monthly Premium			\$581		\$423	
Estimated Annual Premium			\$6,972		\$5,072	
Dollar Difference from Current			\$406		\$292	
Percent Change from Current			6.18%		6.12%	
Total Combined Annual Cost						
Estimated Annual Premium			\$12,044			
Dollar Difference from Current			\$698			
Percent Change from Current			6.15%			

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## Life and AD&amp;D Plan Current/Renewal Summary – Lincoln Financial Group

			CURRENT / RENEWAL
Carrier Name			Lincoln Financial Group
PLAN DESIGN*			
Employee			
Life Benefit			\$10,000
AD&D Benefit			Same as Life amount
Benefit Reduction Schedule (% benefit reduces by at age)			35% at age 65; 50% at age 70
Waiver of Premium			Included
Accelerated Benefit Amount			75% to max \$250,000
Convertible/Portable			Included
COST ANALYSIS			
Rates	Volume/Unit(s)	Covered Lives	CURRENT / RENEWAL
Life Rate Per \$1,000 Vol	\$1,866,000	196	\$0.190
AD&D Rate Per \$1,000 Vol	\$1,866,000	196	\$0.020
Estimated Monthly Premium			\$392
Estimated Annual Premium			\$4,702
Dollar Difference from Current			\$0
Percent Change from Current			0.00%

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## Voluntary Life Plan Current Summary – Unum

Carrier Name		CURRENT Unum	
<b>PLAN DESIGN*</b>			
<b>Employee Benefit</b>			
Benefit Maximum		1-5x annual earnings to max \$500,000	
Guarantee Issue		\$210,000	
Benefit Reduction Schedule (% benefit reduces by at age)		35% at age 70; 50% at age 75	
<b>Spouse Benefit</b>			
Benefit Maximum		0.5-2.5x annual earnings or \$250,000 not to exceed 50% of EE's amount	
Guarantee Issue		\$105,000	
Benefit Reduction Schedule (% benefit reduces by at age)		35% at age 70; 50% at age 75	
<b>Child Benefit (Life)</b>			
		Live birth to 14 days: \$1,000; 14 days to 6 months: \$1,000; 6 months to age 26: \$10,000 not to exceed 50% of EE's amount	
<b>Definition of Earnings</b>		Base salary + commissions	
<b>Waiver of Premium</b>		Included	
<b>Accelerated Benefit</b>		75% to max \$500,000	
<b>Conversion/Portability</b>		Included	
<b>Continuity of Coverage</b>		Included	
<b>COST ANALYSIS</b>			
Voluntary Rates per \$1,000	Covered Lives	Employee	Spouse
<b>Age Range (spouse based on EE's age)</b>			
0 - 19	EE: 34; Spouse: 14; Children: 7	\$0.057	\$0.057
20 - 24		\$0.057	\$0.057
25 - 29		\$0.069	\$0.069
30 - 34		\$0.092	\$0.092
35 - 39		\$0.103	\$0.103
40 - 44		\$0.115	\$0.115
45 - 49		\$0.172	\$0.172
50 - 54		\$0.264	\$0.264
55 - 59		\$0.493	\$0.493
60 - 64		\$0.756	\$0.756
65 - 69		\$1.456	\$1.456
70 - 74		\$2.361	\$2.361
75 - 79		\$2.361	\$2.361
80+		\$2.361	\$2.361
<b>Child Rate</b>		\$2.500	

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## Voluntary AD&amp;D Plan Current Summary – Standard Insurance Company

		CURRENT
Carrier Name		Standard Insurance Company
<b>PLAN DESIGN*</b>		
<b>Employee Benefit</b>		
Increments		\$100,000
Guarantee Issue		\$500,000
AD&D Benefit		Lesser of 10x annual earnings or \$500,000
Benefit Reduction Schedule (% benefit reduces by at age)		No age reduction
<b>Spouse Benefit</b>		
Guarantee Issue		\$250,000
AD&D Benefit		Lesser of \$250,000 or 50% of EE's amount
Benefit Reduction Schedule (% benefit reduces by at age)		No age reduction
Child Benefit (Life/AD&D)		\$10,000 not to exceed 100% of EE's amount
Definition of Earnings		Base salary + commissions
Waiver of Premium		Not-Included
Conversion/Portability		Not-Included / Included
Continuity of Coverage		Included
Suicide Exclusion		Included
<b>COST ANALYSIS</b>		
AD&D Rate (Employee / Spouse / Child)	Covered Lives EE: 38	\$0.047 / \$0.047 / \$0.047

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## Voluntary Life Alternative— Lincoln Financial Group

Carrier Name		Alternative Plan	
Lincoln Financial Group		Lincoln Financial Group	
<b>PLAN DESIGN*</b>			
Employee Benefit Increments		\$10,000	
Benefit Maximum		5x annual salary to max \$500,000;	
Guarantee Issue		Age 70 & over: \$50,000	
Benefit Reduction Schedule (% benefit reduces by at age)		\$200,000	
Spouse Benefit Increments		35% at age 65; 60% at age 70; 75% at age 75	
Benefit Maximum		\$5,000	
Guarantee Issue		\$250,000 not to exceed 50% of EE's amount	
Benefit Reduction Schedule (% benefit reduces by at age)		\$30,000	
Child Benefit (Life/AD&D)		35% at age 65; Terminates at age 70	
Definition of Earnings		Day 1 to age 14 days: No Benefit;	
Waiver of Premium		14 days but less than 6 months: \$250;	
Accelerated Benefit		6 Months but less than 19 years (or 25 years if unmarried, & a full-time student): \$10,000	
Conversion/Portability		Basic Annual Including Commissions	
Continuity of Coverage		Included	
<b>COST ANALYSIS</b>		75% to max \$250,000	
Included		Included	
Included		Included	
<b>Voluntary Rates per \$1,000</b>			
Age Range (spouse based on EE's age)		Employee	
0 - 19		Spouse	
20 - 24		\$0.040	
25 - 29		\$0.040	
30 - 34		\$0.050	
35 - 39		\$0.060	
40 - 44		\$0.070	
45 - 49		\$0.080	
50 - 54		\$0.120	
55 - 59		\$0.180	
60 - 64		\$0.340	
65 - 69		\$0.510	
70 - 74		\$0.990	
75 - 79		\$1.610	
80+		\$1.610	
Child Rate		\$0.200	

\*NOTE: Benefit deviations from Current are identified in blue  
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## Voluntary AD&D Alternative – Lincoln Financial Group

		Alternative Plan
Carrier Name		Lincoln Financial Group
<b>PLAN DESIGN*</b>		
<b>Employee Benefit</b>		
Increments		\$10,000
Guarantee Issue		\$200,000
<b>Benefit Reduction Schedule</b> (% benefit reduces by at age)		35% at age 65; 60% at age 70; 75% at age 75
<b>Spouse Benefit</b>		
Guarantee Issue		\$30,000
<b>Benefit Reduction Schedule</b> (% benefit reduces by at age)		35% at age 65; Terminates at age 70
<b>Child Benefit (Life/AD&amp;D)</b>		Day 1 to age 14 days: No Benefit; 14 days but less than 6 months: \$250; 6 Months but less than 19 years (or 25 years if unmarried, & a full-time student): \$10,000
<b>Definition of Earnings</b>		Basic Annual Including Commissions
<b>Waiver of Premium</b>		Included
<b>Conversion/Portability</b>		Included
<b>Continuity of Coverage</b>		Included
<b>COST ANALYSIS</b>		
<b>AD&amp;D Rate (Employee / Spouse / Child)</b>	<b>Covered Lives</b> EE: 34; Spouse: 14; Children: 7	EE: \$0.030 / SP: \$0.030 / CH \$0.200

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## Long Term Disability Plan Current/Renewal Summary – Lincoln Financial Group

			CURRENT / RENEWAL
Carrier Name			Lincoln Financial Group
<b>PLAN DESIGN*</b>			
Benefit			60% to max \$5,000
Elimination Period			90 Days
Duration of Benefits			SSNRA or To age 65
Own Occupation Continuation			24 Months
Features and Limitations			
Definition of Earnings			Basic Monthly Earnings
Definition of Disability			24 months own occupation
Total and Partial Disability			Included
Return to Work			12 Months
Workplace Modification Benefit			Up to \$5,000
Rehabilitation Benefit			Included
Minimum Benefit			\$100 or 10% of benefit whichever is greater
Pre-Existing Condition Limitation			3/12
Earnings Test			Own occupation
Disability Limitations			
Mental Health			24 Months
Substance Abuse			24 Months
Self-Reported			24 Months
Recurrent Disability			6 Months
Waiver of Premium			Included
Continuity of Coverage			Included
W-2 Preparation FICA Match			Included
EAP Offered?			Included with up to 5 face-to-face visits
<b>COST ANALYSIS</b>			
Rates	Covered Payroll	Covered Lives	CURRENT / RENEWAL
Per \$100 of Covered Payroll	\$728,460	196	\$0.217
Estimated Monthly Premium			\$1,581
Estimated Annual Premium			\$18,969
Dollar Difference from Current			\$0
Percent Change from Current			0.00%

**Definition of Disability Language**

**And Definition of Disability** - During the Own Occ period (first 24 months), the insured is disabled when Unum determines that: the insured is limited from performing the material and substantial duties of his/her regular occupation due to sickness or injury; AND the insured has a 20% or more loss of indexed monthly earnings due to the same injury or illness

**Or Definition of Disability** - During the Own Occ period (first 24 months), the employee is disabled when the Unum determines that due to his or her sickness or injury: \* the employee is unable to perform the material and substantial duties of his or her regular occupation and is not working in his or her regular occupation or any other occupation; or \* the employee is unable to perform one or more of the material and substantial duties of his or her regular occupation, and the employee has a 20% or more loss in his or her indexed monthly earning while working in his or her regular occupation or in any occupation.

**Duties Only Definition** - No earnings loss required

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# Voluntary Critical Illness and Voluntary Accident

## Voluntary Critical Illness

		PROPOSED	
Carrier Name		Lincoln Financial	
COST ANALYSIS			
Voluntary Rates per \$1,000		Employee	Spouse
Age Range (spouse based on EE's age)			
0 - 19		\$0.213	\$0.213
20 - 24		\$0.213	\$0.213
25 - 29		\$0.354	\$0.354
30 - 34		\$0.497	\$0.497
35 - 39		\$0.668	\$0.668
40 - 44		\$0.964	\$0.964
45 - 49		\$1.327	\$1.327
50 - 54		\$1.893	\$1.893
55 - 59		\$2.558	\$2.558
60 - 64		\$3.640	\$3.640
65 - 69		\$5.054	\$5.054
70 +		\$8.720	\$8.720
Children (Birth to age 26)		per \$1,000 - \$0.340	
PLAN PROVISIONS			
Rate Guarantee		24 months	
Required Participation		15%	
Eligibility		FTE 20HRS/WK	

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## Voluntary Accident

		PROPOSED
Carrier Name		Lincoln Financial
COST ANALYSIS		
PEPM Rates		PROPOSED
Employee (EE) Only		\$13.74
EE + Spouse		\$21.56
EE + Child(ren)		\$22.64
EE + Family		\$34.67
PLAN PROVISIONS		
Rate Guarantee		24 months
Required Participation		15%
Eligibility		FTE 20HRS/WK

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# HRA Administration

## HRA Administration

		CURRENT	PROPOSED #1	PROPOSED #2	PROPOSED #3
Carrier Name		NMR	TPSC	Navia	WEX
<b>COST ANALYSIS</b>					
	Est Participation				
Per Participant Per Month	125	N/A	\$4.50	\$4.20	\$4.05
Submission Fee (Per Employee)	27	\$40.00	N/A	N/A	N/A
Monthly Minimum Fee		N/A	N/A	\$100	\$50.00
Renewal Fee Per Plan Per Year		\$225.00	\$250.00	Waived	Waived
Monthly Cost		\$1,080	\$563	\$525	\$506
Annual Cost		\$1,305	\$7,000	\$6,300	\$6,075

		CURRENT/RENEWAL
<b>REIMBURSEMENT LIMITS</b>		
<b>PPO Plan Deductible</b>		\$6,750/\$13,500
Employee	50	\$5,350
Employee & Family	28	\$10,700
<b>HMO Plan Deductible</b>		\$6,750/\$13,500
Employee	37	\$5,350
Employee & Family	10	\$10,700
<b>Annual Maximum Liability</b>		<b>\$872,050</b>

HRA UTILIZATION AND COST PROJECTIONS	CURRENT	RENEWAL
	<i>2021 Paid Claims 9/1/2021 – 4/12/2022</i>	<i>2022 Projection 9/1/2022 - 8/30/2023</i>
Combined Plan Utilization	\$89,152	\$94,144
% of Max Utilization	10.2%	10.8%

TOTAL COSTS PROJECTION	CURRENT	PROPOSED #1	PROPOSED #2	PROPOSED #3
		<i>Projected</i>	<i>Projected</i>	<i>Projected</i>
Administration Cost	\$1,305	\$7,000	\$6,300	\$6,075
Projected Utilization	\$89,152	\$94,144	\$94,144	\$94,144
<b>Total HRA Annual Cost Projection</b>	<b>\$90,457</b>	<b>\$101,144</b>	<b>\$100,444</b>	<b>\$100,219</b>

HRA Utilization Projection is calculated based on current plan designs. If plan designs are changed, it will cause a change in utilization pattern. Actual utilization may vary.

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Kirkland | Risk Management | Consulting

## HRA Administration 2

	CURRENT/RENEWAL
<b>PPO Plan</b>	
<b>Member Responsibility Before HRA</b>	
Employee	\$1,400
Employee & Family	\$2,800
<b>HRA Reimbursement Toward Deductible</b>	
Employee	\$5,350
Employee & Family	\$10,700
<b>Total Deductible</b>	
Employee	\$6,750
Employee & Family	\$13,500

	CURRENT/RENEWAL
<b>HMO Plan</b>	
<b>Member Responsibility Before HRA</b>	
Employee	\$1,400
Employee & Family	\$2,800
<b>HRA Reimbursement Toward Deductible</b>	
Employee	\$5,350
Employee & Family	\$10,700
<b>Total Deductible</b>	
Employee	\$6,750
Employee & Family	\$13,500

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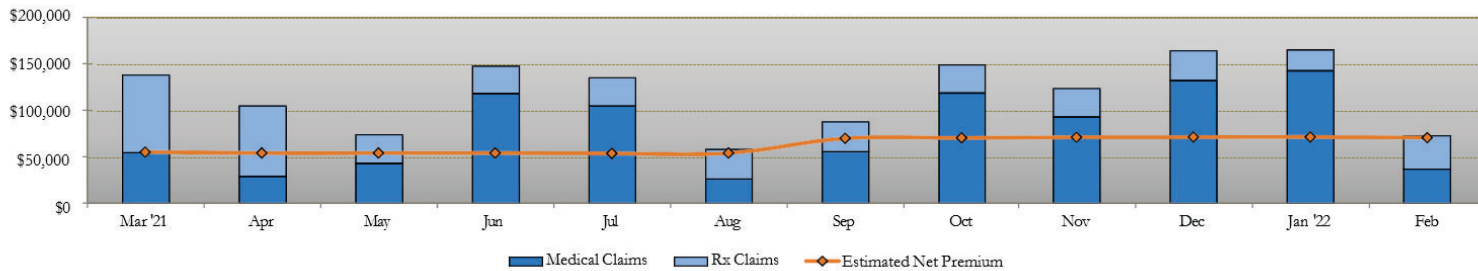


Cedar Park 001916



# Current Experience Reports

**Cedar Park Assembly of God**  
**Fully-Insured Medical and Prescription Drug Plan**  
**Kaiser Permanente**  
**March 1, 2021 through February 28, 2022**



	A	B	C	D	E	F	G	H	I	J
Month	Employees	Members	Earned Premium	Estimated Administrative Charges*	Estimated Net Premium (C - D)	Medical Claims	Rx Claims	Total Claims (F + G)	Estimated Net Gain/(Loss) (E - H)	Estimated Net Loss Ratio (H / E)
March 2021	124	206	\$67,778	\$12,200	\$55,578	\$55,035	\$3,160	\$138,195	(\$82,617)	248.7%
April	123	201	\$66,487	\$11,968	\$54,519	\$29,506	\$75,912	\$105,418	(\$50,898)	193.4%
May	123	201	\$66,487	\$11,968	\$54,519	\$43,460	\$30,806	\$74,266	(\$19,747)	136.2%
June	123	201	\$66,487	\$11,968	\$54,519	\$118,645	\$29,037	\$147,682	(\$93,163)	270.9%
July	122	200	\$66,067	\$11,892	\$54,175	\$105,280	\$29,718	\$134,999	(\$80,823)	249.2%
August	121	200	\$66,506	\$11,971	\$54,535	\$26,696	\$32,015	\$58,711	(\$4,176)	107.7%
September	132	222	\$85,289	\$15,352	\$69,937	\$56,032	\$32,132	\$88,164	(\$18,227)	126.1%
October	133	223	\$85,850	\$15,453	\$70,397	\$118,978	\$30,028	\$149,006	(\$78,609)	211.7%
November	134	226	\$86,816	\$15,627	\$71,189	\$93,600	\$30,188	\$123,788	(\$52,599)	173.9%
December	134	226	\$86,881	\$15,639	\$71,242	\$132,482	\$31,942	\$164,424	(\$93,182)	230.8%
January 2022	132	227	\$87,114	\$15,680	\$71,433	\$143,024	\$22,072	\$165,096	(\$93,663)	231.1%
February	131	223	\$86,279	\$15,530	\$70,749	\$37,486	\$35,554	\$73,039	(\$2,291)	103.2%
<b>Total Year to Date</b>	<b>1,532</b>	<b>2,556</b>	<b>\$918,040</b>	<b>\$165,247</b>	<b>\$752,792</b>	<b>\$960,225</b>	<b>\$462,564</b>	<b>\$1,422,789</b>	<b>(\$669,996)</b>	<b>189.0%</b>
<i>Less Estimated Pooled Claims:</i>								<b>(\$624,547)</b>	<b>\$624,547</b>	
<b>NET Year to Date</b>	<b>1,532</b>	<b>2,556</b>	<b>\$918,040</b>	<b>\$165,247</b>	<b>\$752,792</b>	<b>\$960,225</b>	<b>\$462,564</b>	<b>\$798,241</b>	<b>(\$45,449)</b>	<b>106.0%</b>
Current Net PEPM	128	213	\$599.24	\$107.86	\$491.38	\$626.78	\$301.93	\$521.05	(\$29.67)	106.0%
2020 Net Plan Year	115	180	\$507.87	\$110.07	\$397.81	-	-	\$454.95	(\$57.14)	114.4%
2019 Net Plan Year	120	185	\$476.01	\$100.38	\$375.63	-	-	\$420.05	(\$44.42)	111.8%

\* Includes administration, premium tax, margin, and commission.

\*\* Data includes run-out paid claims and fixed costs from Premiera Blue Cross.

Please Note: At renewal, other factors such as incurred but unpaid claims and overall cost trends may influence rate adjustments.

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**Cedar Park Assembly of God**  
**Fully-Insured Medical and Prescription Drug Plan**  
**Kaiser Permanente**  
**March 1, 2021 through February 28, 2022**

***Individuals with Total Claims in Excess of \$50,000 (\$100,000 Estimated Pooling Level)***

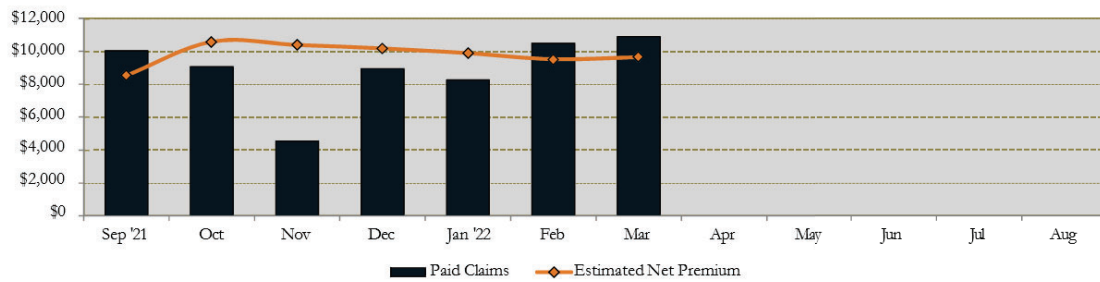
<i>Encrypted ID</i>	<i>Enrollee Status</i>	<i>Total Paid Expense</i>	<i>Percent of Total Claims</i>	<i>Estimated Pooling Level</i>	<i>Percent of Pooling Level</i>	<i>Estimated Pooled Claims</i>
001	Active	\$709,034	49.8%	\$100,000	709.0%	\$609,034
002	Active	\$114,039	8.0%	\$100,000	114.0%	\$14,039
003	Active	\$101,474	7.1%	\$100,000	101.5%	\$1,474
004	Active	\$59,688	4.2%	\$100,000	59.7%	\$0
<b>Total</b>		<b>\$984,236</b>	<b>69.2%</b>			<b>\$624,547</b>

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 **Gallagher**  
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**Cedar Park Assembly of God**  
**Fully-Insured Dental Benefits Plan**  
**Delta Dental of Washington**  
**September 1, 2021 through August 31, 2022**



	A	B	C	D	E	F	G
	Employees	Earned Premium	Estimated Administrative Charges*	Estimated Net Premium (B - C)	Paid Claims	Estimated Net Gain/(Loss) (D - E)	Estimated Net Loss Ratio (E / D)
September 2021	144	\$10,672	\$2,145	\$8,527	\$10,061	(\$1,534)	118.0%
October	172	\$13,286	\$2,671	\$10,616	\$9,080	\$1,536	85.5%
November	168	\$13,041	\$2,621	\$10,419	\$4,542	\$5,878	43.6%
December	162	\$12,768	\$2,566	\$10,202	\$8,969	\$1,233	87.9%
January 2022	160	\$12,406	\$2,494	\$9,912	\$8,277	\$1,635	83.5%
February	154	\$11,938	\$2,400	\$9,539	\$10,507	(\$968)	110.2%
March	154	\$12,093	\$2,431	\$9,662	\$10,909	(\$1,247)	112.9%
April							
May							
June							
July							
August							
<b>Total Year to Date</b>	<b>1,114</b>	<b>\$86,205</b>	<b>\$17,327</b>	<b>\$68,878</b>	<b>\$62,344</b>	<b>\$6,533</b>	<b>90.5%</b>
Current PEPM	159	\$77.38	\$15.55	\$61.83	\$55.96	\$5.86	90.5%
2020 Plan Year	144	\$70.24	\$14.12	\$56.12	\$56.45	(\$0.32)	100.6%
2019 Plan Year	142	\$67.88	\$13.17	\$54.71	\$49.65	\$5.06	90.7%
2018 Plan Year	133	\$69.00	\$13.39	\$55.61	\$53.63	\$1.98	96.4%

*Administrative Charges are currently estimated at 20.1%.*

*Please Note: At renewal, other factors such as incurred but unpaid claims and overall cost trends may influence rate adjustments.*

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# Carrier Reporting

# HRA Claims Report

## Cedar Park Assembly of God HRA Claims Report 2021 - Current Year to Date

Date	Single or Family	EOB Date	Year of Ded	Deductible YTD	OOP YTD	Reimbursable	YTD
<b>2021</b>							
2/10/2022	Single	1/15/2022	2021	\$2,256.26	\$2,256.26	\$856.26	
3/24/2022	Single	1/31/2022	2021	\$2,256.26	\$2,256.26	\$0.00	\$856.26
10/28/2021	Single	10/13/2021	2021	\$5,935.38	\$5,935.38	\$4,535.38	
3/31/2022	Single	3/25/2022	2021	\$6,477.93	\$6,477.93	\$542.55	\$5,077.93
4/13/2021	Single	3/31/2021	2021	\$6,131.68	\$6,131.68	\$4,731.68	\$4,731.68
10/28/2021	Family	10/9/2021	2021	\$6,842.93	\$6,992.93	\$4,042.93	\$4,042.93
1/28/2022	Single	1/15/2022	2021	\$2,994.31	\$2,994.31	\$1,594.31	\$1,594.31
4/27/2021	Family	4/22/2021	2021	\$7,898.57	\$7,898.57	\$5,098.57	\$5,098.57
9/29/2021	Family	9/27/2021	2021	\$3,773.02	\$3,773.02	\$973.02	\$973.02
1/10/2022	Family	1/4/2022	2021	\$4,836.22	\$2,036.22	\$2,036.22	\$2,036.22
1/10/2022	Family	11/6/2021	2021	\$4,692.87	\$1,892.87	\$1,892.87	
3/3/2022	Family	12/31/2021	2021	\$8,179.16	\$8,179.16	\$3,486.29	\$5,379.16
4/9/2021	Single	3/27/2021	2021	\$4,352.23	\$4,352.23	\$2,952.23	
8/9/2021	Single	7/17/2021	2021	\$6,750.00	\$6,838.56	\$2,397.77	\$5,350.00
1/10/2022	Single	12/31/2021	2021	\$6,750.00	\$6,900.00	\$5,350.00	\$5,350.00
9/21/2021	Single	9/20/2021	2021	\$3,314.70	\$3,314.70	\$1,914.70	
3/8/2022	Single	3/7/2022	2021	\$4,571.91	\$4,571.91	\$1,257.21	\$3,171.91
8/25/2021	Family	8/7/2021	2021	\$4,337.40	\$4,337.40	\$1,537.40	
9/21/2021	Family	9/4/2021	2021	\$4,533.70	\$4,533.70	\$196.30	
11/9/2021	Family	10/31/2021	2021	\$4,695.24	\$4,695.24	\$0.00	\$1,733.70
12/6/2021	Family	11/29/2021	2021	\$7,334.00	\$7,334.00	\$4,534.00	\$4,534.00
11/9/2021	Single	9/9/2021	2021	\$936.00	\$0.00	\$0.00	\$0.00
3/3/2022	Single	2/22/2022	2021	\$4,058.07	\$4,058.07	\$2,658.07	\$2,658.07
7/23/2021	Family	7/23/2021	2021	\$5,990.10	\$5,990.10	\$3,190.10	
10/28/2021	Family	10/18/2021	2021	\$9,620.93	\$9,620.93	\$3,630.83	
3/8/2022	Family	3/7/2022	2021	\$9,918.05	\$9,918.05	\$297.12	\$7,118.05
3/10/2022	Single	9/30/2021	2021	\$6,750.00	\$6,900.00	\$5,350.00	\$5,350.00
7/23/2021	Single	7/15/2021	2021	\$6,750.00	\$6,750.00	\$5,350.00	\$5,350.00
1/14/2022	Single	1/12/2022	2021	\$6,750.00	\$6,750.00	\$5,350.00	\$5,350.00
5/11/2021	Family	4/30/2021	2021	\$8,012.78	\$8,162.78	\$5,212.78	\$5,212.78
10/28/2021	Single	10/20/2021	2021	\$3,247.19	\$3,247.19	\$1,847.19	\$1,847.19
5/26/2021	Family	5/21/2021	2021	\$10,102.45	\$10,102.45	\$7,302.45	\$7,302.45
6/7/2021	Single	5/22/2021	2021	\$1,726.47	\$1,726.47	\$326.47	
8/9/2021	Single	7/17/2021	2021	\$4,790.72	\$4,790.72	\$3,064.25	
2/10/2022	Single	12/31/2021	2021	\$6,367.86	\$1,577.14	\$4,967.86	
<b>2021 Claims Paid</b>						<b>\$89,151.90</b>	<b>\$89,151.90</b>
<b>2022</b>							
3/31/2022	Single	3/25/2022	2022	\$1,637.88	\$1,637.88	\$237.88	\$237.88
<b>2022 Claims Paid YTD</b>							

Colored blocks represent one employees transactions.  
Names have been removed to protect privacy.

As of 4/12/2022

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Cedar Park 001923

## General Disclaimers

### **Coverage Disclaimer**

*This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.*

### **Renewal / Financial Disclaimer**

*This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.*

### **Legal**

*The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.*



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## Marketing Summary (Medical)

Line of Coverage	Carrier Name	Response	Rate Guarantee	Commission
Medical	Kaiser Permanente	Current	1 Year	5.30%
Medical	Kaiser Permanente	Renewal	1 Year	5.30%
Medical	Kaiser Permanente	Renewal Option	1 Year	3%

*While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.*

### Supplemental Compensation

*Gallagher may receive supplemental compensation from insurance carriers and vendors, normally calculated at the end of each calendar year, that are contingent on a number of factors including the overall number of employer plans represented, plan retention rates, and overall premium growth. Historically, supplemental compensation has ranged, on average, between 0-3% based on specific carrier programs. These plans have no effect on premiums. Further, Gallagher may receive non-cash compensation from plan vendors or service providers that are not in connection with any particular client. If you have any questions regarding direct or indirect compensation received by Gallagher, please contact your dedicated Gallagher advisor or refer to the Gallagher Global Standards of Business Conduct (<https://www.ajg.com/us/about-us/global-standards>).*



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## Marketing Summary (Non-Medical)

Health Lines of Coverage: Including Medical, Dental, Vision and EAPs				
Line of Coverage	Carrier Name	Response	Rate Guarantee	Commission
Dental	Delta Dental of Washington	Current	1 Year	10%
Dental	Delta Dental of Washington	Renewal	1 Year	10%
Vision	Vision Service Plan	Current	1 Year	10%
Vision	Vision Service Plan	Renewal	2 Year	10%

While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

Non-Health Lines of Coverage					
Line of Coverage	Carrier Name	Response	**AM Best Rating	Rate Guarantee	Commission
Basic Life AD&D	Lincoln Financial Group	Current / Renewal	A+ / XV	2 Year	20%
Voluntary Life	Unum	Current	A / XV	1 Year	20%
Voluntary AD&D	Standard Insurance Company	Current	A / XIV	1 Year	25%
Voluntary Life AD&D	Lincoln Financial Group	Quote	A+ / XV	2 Year	15%
LTD	Lincoln Financial Group	Current / Renewal	A+ / XV	2 Year	10%
Voluntary Critical Illness	Lincoln Financial Group	Quote	A+ / XV	2 Year	
Voluntary Accident	Lincoln Financial Group	Quote	A+ / XV	2 Year	
HRA	NMR	Current	N/A	1 Year	Net
HRA	TPSC	Quote	N/A	1 Year	Net
HRA	Navia	Quote	N/A	1 Year	Net
HRA	WEX	Quote	N/A	1 Year	Net
COBRA	Navia	Quote	N/A	1 Year	Net
COBRA	WEX	Quote	N/A	1 Year	Net
Single Billing	GBSA	Current / Renewal	N/A	1 Year	Net

### Supplemental Compensation

Gallagher may receive supplemental compensation from insurance carriers and vendors, normally calculated at the end of each calendar year, that are contingent on a number of factors including the overall number of employer plans represented, plan retention rates, and overall premium growth. Historically, supplemental compensation has ranged, on average, between 0-3% based on specific carrier programs. These plans have no effect on premiums. Further, Gallagher may receive non-cash compensation from plan vendors or service providers that are not in connection with any particular client. If you have any questions regarding direct or indirect compensation received by Gallagher, please contact your dedicated Gallagher advisor or refer to the Gallagher Global Standards of Business Conduct (<https://www.ajg.com/us/about-us/global-standards>).



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## A.M. Best Rating

<b>**A.M. Best Rating</b>			
<b>Required Standards for Gallagher Benefit Services</b>			
<b>Group 1 A - to A++</b>	<b>Recommended</b>	<b>Financial Size Category</b>	
Group 2 B + to B ++ and/or financial rating under "VI", or any of Best's "NR" group. This would apply to Best's "A- or higher" rated companies with a financial size under "VI".	Acceptable with signed client acknowledgement letter	Class	Adjusted Policyholders' Surplus
<b>Financial Strength Ratings</b>		<b>I</b>	Less than \$1 Million
Secure	Vulnerable	<b>II</b>	\$1 to \$2 Million
A++, A+ (Superior)	B, B - (Fair)	<b>III</b>	\$2 to \$5 Million
A, A -, A U (Excellent)	C++, C+ (Marginal)	<b>IV</b>	\$5 to \$10 Million
B++, B+ (Very Good)	C, C - (Weak)	<b>V</b>	\$10 to \$25 Million
		<b>VI</b>	\$25 to \$50 Million
		<b>VII</b>	\$50 to \$100 Million
		<b>VIII</b>	\$100 to \$250 Million
		<b>IX</b>	\$250 to \$500 Million
		<b>X</b>	\$500 to \$750 Million
		<b>XI</b>	\$750 to \$1,000 Billion
		<b>XII</b>	\$1,000 to \$1,250 Billion
		<b>XIII</b>	\$1,250 to \$1,500 Billion
		<b>XIV</b>	\$1,500 to \$2,000 Billion
		<b>XV</b>	\$2,000 or greater Billion
		<b>NR</b>	Not Rated



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# Thank you!

Jami Hansen | Area Vice President, Client Consultant  
+1 425 974 3275  
Jami\_Hansen@AJG.com

777 108th Avenue NE, Suite 200, Bellevue,  
WA 98004

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Cedar Park 001928



# Exhibit P



Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

**Urgent Final Verification . . . Again!**

3 messages

**Steve Orcutt** <steve.o@cedarpark.org>

Tue, Mar 5, 2019 at 5:37 PM

To: Melissa Knauss &lt;melissa.k@cedarpark.org&gt;, Jami\_Hansen &lt;Jami\_Hansen@ajg.com&gt;

For the umpteenth time . . . I need to be 100% certain that what you finalized for me while I was stuck in NYC in early February is accurate:

1. That Gallagher has confirmed to CP that it would have cost **\$243,125** in additional costs to become self-insured last year.
2. And that with our current employee experience and the potential of a kidney transplant, that future additional costs to self-insure would surely increase and that number is expected to double within the next several years due to increased plan use.

Please let me know tomorrow before 9:00 if possible. Thanks! Steve.

**Jami Hansen** <Jami\_Hansen@ajg.com>

Tue, Mar 5, 2019 at 6:50 PM

To: Steve Orcutt &lt;steve.o@cedarpark.org&gt;

Cc: Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

Hi Steve!

Yes, that number is correct and we will do the same exercise at your upcoming renewal. As far as your current experience, you are also correct. We can bid self insurance however the carriers/TPA's will probably attach a laser to that claim which means they won't cover it. Again, we will look at how self insurance looks at renewal time and you can determine if it makes sense.

Does that help?

Jami Hansen  
Area Vice President  
Arthur J Gallagher  
425-891-1325

[Quoted text hidden]

**Steve Orcutt** <steve.o@cedarpark.org>

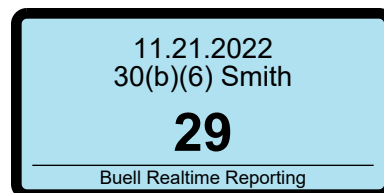
Tue, Mar 5, 2019 at 9:01 PM

To: Jami Hansen &lt;Jami\_Hansen@ajg.com&gt;

Cc: Melissa Knauss &lt;melissa.k@cedarpark.org&gt;

Absolutely, thanks! Steve.

[Quoted text hidden]



# Exhibit Q



## DEPOSITION TRANSCRIPT NOTICE

**DATE:** 12/01/2022

**TO:** Kevin H. Theriot

**CASE NAME:** Cedar Park Assembly of God of Kirkland v. Kreidler, et al.

**WITNESS:** 30(b)(6) Steven Orcutt

**DATE TAKEN:** 11/21/2022

The above transcript must be read, and the Errata and/or Declaration signed within 30 days of this notice or before the trial date. Otherwise, signature will be deemed waived for all purposes. Please contact the witness and arrange a convenient time and place for reading and signing. Please submit the signed original Errata and/or Declaration to this office. The form(s) may be emailed to [info@buellrealtime.com](mailto:info@buellrealtime.com), mailed to Buell's address in the footer of this letter or faxed to 206.287.9832.

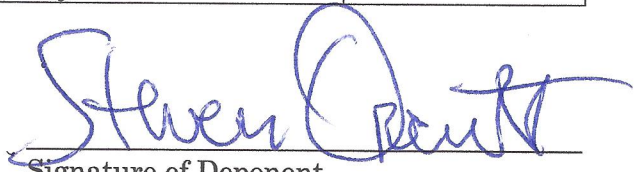
Buell Realtime Reporting, LLC

CC:  
Paul M. Crisalli

1325 Fourth Avenue, Suite 1840 Seattle, Washington 98101  
708 Market Street, Suite 408 Tacoma, Washington 98402  
Seattle 206.287.9066 Tacoma 253.235.0111  
e-mail [production@buellrealtime.com](mailto:production@buellrealtime.com) [www.buellrealtime.com](http://www.buellrealtime.com)

**ERRATA****CASE NAME:** Cedar Park Assembly of God of Kirkland v. Kreidler, et al.**DATE TAKEN:** 11/21/2022**WITNESS:** 30(b)(6) Steven Orcutt**CORRECTIONS**

Page	Line	Now Reads	Should Read	Reason
17	22-23	"We provide a Christian counseling network and a Christian club sports program."	"We have over a dozen different ministries including a Christian counseling network and a Christian club sports program."	Misspoke.
22	18-19	"I believe for 13 of the last years I've been here."	"I believe for 13 of the last 14 & 1/2 years I've been here."	Misspoke or transcription error.
32	17-18	"No. We—we have an annual audit by an audit firm but not an accounting firm."	"Yes."	Misspoke or misunderstood question.
69	13-14	"Yes. Because that is a level-funded plan, we could exclude specific procedures."	"Yes it would have excluded abortion and contraceptive services. Because that is a level-funded plan, we could have excluded specific procedures."	Clarify answer to compound question and clarify record to be consistent with previous testimony.
74	10-12	"Yes. Along with all of the other considerations of a level-funded versus a fully-insured plan, which Cigna chose not to bid that year."	"Yes there was an assumption of an exemption for abortion services and certain contraceptives. Along with all of the other considerations of a level-funded versus a fully-insured plan, which Cigna chose not to bid that year."	Clarify answer to compound question and clarify record to be consistent with previous testimony.



Signature of Deponent



## DECLARATION

**CASE NAME:** Cedar Park Assembly of God of Kirkland v. Kreidler, et al.

**DATE TAKEN:** 11/21/2022

**WITNESS:** 30(b)(6) Steven Orcutt

I declare under penalty of perjury under the laws of the State of Washington that I have read my within deposition, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the ERRATA flyleaf page hereof.

  
30(b)(6) Steven Orcutt

Signed on the 29 day of DECEMBER, 2022.

1325 Fourth Avenue, Suite 1840 Seattle, Washington 98101  
708 Market Street, Suite 408 Tacoma, Washington 98402  
Seattle 206.287.9066 Tacoma 253.235.0111  
e-mail [production@buellrealtime.com](mailto:production@buellrealtime.com) [www.buellrealtime.com](http://www.buellrealtime.com)



## DEPOSITION TRANSCRIPT NOTICE

**DATE:** 12/01/2022

**TO:** Kevin H. Theriot

**CASE NAME:** Cedar Park Assembly of God of Kirkland v. Kreidler, et al.

**WITNESS:** 30(b)(6) Jason Smith

**DATE TAKEN:** 11/21/2022

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Buell Realtime Reporting, LLC

CC:  
Paul M. Crisalli



## ERRATA

**CASE NAME:** Cedar Park Assembly of God of Kirkland v. Kreidler, et al.

**DATE TAKEN:** 11/21/2022

**WITNESS:** 30(b)(6) Jason Smith

### CORRECTIONS\*

Page	Line	Now Reads	Should Read
<u>102</u>	<u>4</u>	<u>"reach"</u>	<u>"outreach"</u>
<u>107</u>	<u>8</u>	<u>"the ending of a fertilized embryo"</u>	<u>"the ending of the life of a fertilized embryo"</u>
<u>107</u>	<u>10</u>	<u>"is the definition of life"</u>	<u>"meets the definition of life..."</u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
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<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

**\*Reason for corrections: transcription error or misspoke.**

  
\_\_\_\_\_  
Signature of Deponent





## DECLARATION

**CASE NAME:** Cedar Park Assembly of God of Kirkland v. Kreidler, et al.

**DATE TAKEN:** 11/21/2022

**WITNESS:** 30(b)(6) Jason Smith

I declare under penalty of perjury under the laws of the State of Washington that I have read my within deposition, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the ERRATA flyleaf page hereof.

  
\_\_\_\_\_  
30(b)(6) Jason Smith

Signed on the 29 day of December, 2022.